

The information requested here is used to establish contact with you and make a preliminary determination of availability and appropriateness of services for your needs. If we determine that we may be able to provide what you need, we will help you with securing funding and making needed arrangements.

Who referred you to us? \_\_\_\_\_ Tel. #: \_\_\_\_\_ Date of application: \_\_\_\_\_

Applicant: Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.#: \_\_\_\_\_

SSN: \_\_\_\_\_

Primary language or means of communication:

from others: \_\_\_\_\_ to others: \_\_\_\_\_

Financial

Are you now employed? Y N Name & address of employer: \_\_\_\_\_

Medicaid: Y N ID #: \_\_\_\_\_ Medicare: Y N ID #: \_\_\_\_\_

Private Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Guardian: Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_

Representative Payee: Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_

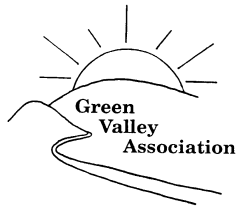
Case Worker: Name: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Address: \_\_\_\_\_

Table with 4 columns: Disabilities, Type, Level, Cause. Rows include Physical, Sensory, Communication, Seizure, Psychiatric, Developmental, Other.

Additional information about disability: \_\_\_\_\_

\_\_\_\_\_



Family & friends information: (Please list family members, friends, and any significant others who will be involved with the application process.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Description of Need

I have these problems with which I want help: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I would like to receive these services: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

This application was completed by \_\_\_\_\_ date: \_\_\_\_\_

For office use only Please date and sign: admission: \_\_\_\_\_
dropped from waiting list: \_\_\_\_\_
If the person drops from the waiting list, please note from whom this request was received:
\_\_\_\_\_