

## APPLICATION FOR ADULT SERVICES

### APPLICANT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

*City State Zip*

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Day Program Location: \_\_\_\_\_ Current Residential Provider \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

*Contact Person*

*Phone*

*Contact Person*

*Phone*

*e-mail address*

### HEALTH INSURANCE INFORMATION (Please check all that apply **attach a copy of the card**)

Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_ Group Health Plan # \_\_\_\_\_

Other \_\_\_\_\_

Check if you are you a recipient of: SSI \_\_\_\_\_ SSDI \_\_\_\_\_ SSA \_\_\_\_\_

### FAMILY HISTORY

Name of Father \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Mother \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Does the applicant have a legally appointed guardian? YES NO

If "YES", name of guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

*Please include a copy of the guardianship paper*

**EDUCATION (Please circle years completed)**

Elementary: 1 2 3 4 5 6 7 8    High School: 9 10 11 12

School District (if under 22 years of age) \_\_\_\_\_

Name of School \_\_\_\_\_                      Year Graduated \_\_\_\_\_

Previous Training (List Agency) \_\_\_\_\_  
(Training: Community Classes, Vocational Training, BVR, COVA, Vision Center, Goodwill, etc.)

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Name Of Person  
Completing This Form \_\_\_\_\_  
*Phone Number*

Relationship to Applicant \_\_\_\_\_

Name of Service Coordinator/  
QMRP/Other Interested Person \_\_\_\_\_  
*Phone Number*