APPLICATION FOR SERVICES

Adams County Board of DD

DATE_____ CURRENTLY RECEIVING SERVICES_____ COUNTY

APPLICANT'S NAME_____ SSN#_____

ADDRESS_____ DATE OF BIRTH_____

CITY_____STATE_____ZIP CODE_____

APPLICANT RESIDES WITH_____RELATIONSHIP_____

HOME TEL. # (_____) _____ WORK TEL. # (_____) _____

SCHOOL DISTRICT (IF ATTENDING SCHOOL)
_____

LEGAL GUARDIAN_____SELF_____OTHER (IF OTHER, RELATIONSHIP) _____

GUARDIAN'S NAME_____

ADDRESS (IF DIFFERENT) _____

HOME TEL. # (IF DIFFERENT) _____ WORK TEL. # (IF DIFFERENT_____

ARE EMERGENCY SERVICES NEEDED? YES NO IF YES, PLEASE EXPLAIN_____
_____

MEDICAL PROBLEMS/PHYSICAL CONDITIONS_____
_____

ADAPTED DEVICES NEEDED (IF ANY) _____

DOCTOR'S NAME_____TEL. # ( ) _____

ADDRESS_____

MOST RECENT MEDICAL EXAMINATION DATE_____

PRESENT BENEFITS RECEIVED

SSA (AMOUNT) _____SSI (AMOUNT) _____OTHER INSURANCE_____

DEPARTMENT OF JOB & FAMILY SERVICES (RECIPIENT#)
_____

MEDICAID #_____MEDICARE#_____

3RD PARTY/PRIVATE INSURANCE COVERAGE_____

LIST EDUCATIONAL/VOCATIONAL PROGRAMS AND ANY EMPLOYMENT HISTORY BELOW WITH MOST RECENT FIRST.

NAME AND ADDRESS DATES

_____

_____

_____

LIST ANY OTHER SERVICES YOU HAVE RECEIVED SUCH AS B.V.R., JOB & FAMILY SERVICES, MENTAL HEALTH, ETC_____

_____

PROGRAM SERVICES REQUESTED (SEE BROCHURE FOR DESCRIPTION OF SERVICES)

ADULT SERVICES
_____Day Program
_____Community Employment/OOD

FAMILY SUPPORT SERVICES
_____Environmental Modifications
_____Adaptive Equipment
_____Respite Care
_____Other (specify) _____
_____
_____

_____ EARLY INTERVENTION (AGES 0-2)

_____ SERVICE AND SUPPORT ADMIN. (Case Management)

RESIDENTIAL/WAIVER
_____ Level 1 Waiver
_____ Individual Options Waiver (IO)
_____ SELF Waiver

By submitting this application, I understand that:

A. I AM REQUESTING THE SERVICES CHECKED ABOVE.
B. MY ELIGIBILITY MUST BE DETERMINED BEFORE I CAN RECEIVE SERVICES.
C. IF I DECLINE SERVICES, THIS APPLICATION EXPIRES ONE YEAR FROM THE DATE IT IS SIGNED.
D. IF I DECIDE AFTER ONE YEAR THAT I WANT SERVICES, I WILL NEED TO COMPLETE A NEW APPLICATION.

_____
APPLICANT SIGNATURE (OR LEGAL GUARDIAN) DATE

_____
APPLICATION COMPLETED BY RELATIONSHIP DATE

HOW DID YOU LEARN OF ADAMS COUNTY DD?_____

_____