

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

____ Venture Productions, Inc.
____ Community Employment

____ EARLY INTERVENTION (AGES 0-3)

____ SERVICE AND SUPPORT ADMIN.
(case management)

FAMILY SUPPORT SERVICES

____ Environmental modifications
____ Adaptive Equipment
____ Respite Care
____ Other (specify) _____

____ 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? _____
