



The Social Center for DD and ASD

875 McPherson Rd.
Fort Worth, TX 76140

Admissions Form – Individualized Skills and Socialization (ISS)

State: Texas

Ages Served: 4 to 65+

Funding Accepted: CLASS, HCS, CDS, TxHmL, DBMD, and Private Pay

Applicant Information

Full Name: _____

Date of Birth: _____ Age: _____

Gender: _____

Primary Language: _____

Home Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: _____

Parent / Guardian / Responsible Party

Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

Address (if different): _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Program Eligibility / Funding Source

Select all that apply:

CLASS

HCS

CDS

TxHmL

DBMD

Private Pay

Medicaid Number (if applicable): _____

LIDDA / Case Manager Name: _____

Case Manager Phone Number: _____

Medical & Behavioral Information

Primary Diagnosis: _____

Secondary Diagnoses: _____

Allergies: _____

Current Medications: _____

Mobility Assistance Needed? Yes No

Behavioral Supports Needed? Yes No

Communication Method(s): _____

Special Dietary Needs: _____

Skills & Socialization Goals

Please describe the applicant’s current goals for individualized skills and socialization services:

Transportation

Transportation Needed? Yes No

Preferred Pickup/Drop-off Information: _____

Consent & Acknowledgment

I certify that the information provided is accurate and complete to the best of my knowledge.

Applicant/Guardian Signature: _____

Date: _____