



Program Application

Name of Applicant: _____ Date of Birth: _____

Name of Parent/Primary Care Giver: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

A person over the age of 18 is considered their own legal guardian unless someone else has been appointed guardian by the courts.

Is applicant his/her own guardian? Yes _____ No _____

If no, Name of Guardian and Relationship: _____

Address (If Different from Above): _____

Support Coordinator: _____

Support Coordinator Phone Number: _____

School History

Name of Most Recent School Attended: _____

Name of Contact Person: _____ Year Graduated: _____

Please Describe the Type of School Program that Applicant Attended:

Client Questionnaire

What types of things do you like to do? At home? At work? For fun? In the community?

What types of supports do you need to be successful? At home? At work? At Program? In the community?

Do you have any medical conditions/mental health conditions that we should be aware of?

What types of skills do you need practice with or would you like to learn more about? Language Arts? Math? Vocational? Independent Living?

What are your hopes and dreams for the future? Where would you live? What type of job would you like? What would you do for fun?
