



Please answer each question-do not leave blank!

Application Date: _____

Name, Last: _____ First: _____ Middle: _____

Social Security # _____ - _____ - _____ Birth Date: ____/____/____ Sex: Male Female

Physical Address: _____

Mailing Address: _____

Phone # _____

Please provide answers to the following:

Marital Status: Single Married Divorced Widowed

If Married: Name of Spouse: _____

Address of Spouse: _____

Do you live in a group home: YES NO

If you do **not** live in a group home, do you live alone: YES NO

If no, are the people living with your relatives? YES NO

Please write the names of the people you live with & their relationship to you:

Percentage of rent paid by each person living in the house: _____

Name of Landlord: _____ Phone#: _____

Address: _____

Amount of Rent: _____ Amount of Utilities: _____ Other fees: _____

Case manager or Other Service Provider: _____

Name of Agency: _____ Phone#: _____

Address of Agency: _____



*Are you on Medicaid? YES NO

If yes, what is your **Medicaid #**: _____

Are you on a Medicaid Waiver Program? _____

*Are you on Medicare? YES NO

If yes, what is your **Medicare #**: _____

Date of A: _____ Date of B: _____

Any other insurance: Yes No

Name and Policy Number of other Insurance:

Please circle yes or no if you have the following:

Checking Account YES NO Savings Account YES NO

A Special Needs Trust YES NO If yes, where: _____

Funeral/Burial Plan YES NO If yes, where: _____

Guardian or POA YES NO If yes, provide name, phone number & address:

Fathers Name: _____ SS# _____ DOB: _____ Date of Death: _____

Address: _____

Mother Name: _____ SS# _____ DOB: _____ Date of Death: _____

Address: _____

Siblings/Friends Names & Addresses:

Emergency Contact Name & Relationship: _____

Phone# _____

Address: _____