

GROUP DAY SERVICES APPLICATION

I. INTRODUCTORY DATA

Participant Name _____

Address _____

Home Phone _____ Work Phone _____ Gender M ___ F ___

Level of Intellectual Disability _____

Other/Secondary Disabilities _____

Primary Language _____ Secondary Language _____

Marital Status _____ Citizenship Status _____

Race _____ Date of Birth _____

Social Security # _____ Medicaid # _____ Medicare# _____

Other Insurance _____ Policy # _____

Social Security Disability Insurance (SSDI) amount _____

Supplemental Security Insurance (SSI) amount _____

Source of Referral _____

Reason for Referral _____

Current/Former Placement and reason for leaving _____

Criminal Justice Status _____

Legal Guardian (Court Appointed) _____

Address _____

Home Phone _____ Work Phone _____

E-mail _____

II. CONTACTS

Family

Father _____ Home Phone _____ Work Phone _____

Address _____

Mother _____ Home Phone _____ Work Phone _____

Address _____

Siblings _____

Residential Placement _____

Residential Contact Person: _____ **Phone:** _____

Other Significant Support Systems _____

Emergency Contacts (please indicate two)

Name _____ Relationship _____

Address _____ Home Phone _____

_____ Work Phone _____

Name _____ Relationship _____

Address _____ Home Phone _____

_____ Work Phone _____

Social Worker/Support Coordinator (Other Agency Involvement)

Name _____ Phone _____

Address _____

Physician

Name _____ Phone _____

Address _____

Dentist

Name _____ Phone _____

Address _____

III. LEVELS OF SUPPORT REQUIRED

Behavioral/Emotional (Include restrictive behavioral strategies, if any)

Communication/Social (Include cultural /religion restrictions, if any)

Medical (Include diagnosis and other medical conditions including restrictions) _____

Personal Care _____

Interests/Preferences _____

Describe any other concerns or issues that may affect participation in day support program:

Group Day Services Funding Source:

CL Waiver _____ FIS Waiver _____ BI Waiver _____ CSB _____ ICF/ID _____ Other _____



CSB Jurisdiction:

Fairfax-Falls Church _____ Arlington _____ Alexandria _____ Prince William _____ Other _____

CSB Case ID Number: _____

Person Completing Application _____ Date _____

Relationship to Applicant _____