



## **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): \_\_\_\_\_

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Support Coordinator: \_\_\_\_\_

Support Coordinator Phone Number: \_\_\_\_\_

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### **School History**

Name of Most Recent School Attended: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Please Describe the Type of School Program that Applicant Attended:

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**Client Questionnaire**

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

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

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

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

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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?

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