



APPLICATION FOR SERVICES

Type of Service:

Residential
 Payee Services

SECTION 1

Name: _____
 First Middle Last

Address: _____
 Street

 City State Zip Code

Alias Names: _____

Phone Numbers: _____

Date of Birth: _____
 Male Female

Race: African American
 American Indian / Alaskan Native
 Hispanic
 Asian / Pacific Islander
 White / Caucasian

Social Security Number: _____

US Citizen: YES NO

Resident Alien: _____

Marital Status: Single / Never Married
 Divorced / Seperated
 Married

Languages Spoken: _____

Languages Understood: _____

Employment:

Current Employer: _____

Days and hours working: _____

Name of Case Manager: _____

Phone Number: _____

Supervisor of Case Manager: _____

Phone Number: _____

SECTION 2 Parent / Guardian Information

Fathers Name: _____

Last known address: _____

Phone Number _____

Work Number: _____

Cell Number: _____

Mothers Name: _____

Last known address: _____

Phone Number: _____

Work Number: _____

Cell Number: _____

E-mail address: _____

Legal Guardian Information If Not Parents:

Name: _____

Address: _____

Phone Number: _____

Work Number: _____

Cell Number: _____

E-mail address: _____

Names of Involved Family Members:

Name: _____
Address: _____
Phone Number: _____
Work Number: _____
Cell Number: _____

Name: _____
Address: _____
Phone Number: _____
Work Number: _____
Cell Number: _____

SECTION 3 Medical

Hospital where born: _____
Address: _____

Current Medical Issues:

Describe any medical illness: _____

Routine Meds: _____

Dosage / Reason: _____

PRN Meds: _____

Last Psychological Evaluation: _____

Behavioral Issues: _____

Allergies: _____

SECTION 4 Education

Are they currently attending school? _____ YES _____ NO

Where: _____

Grade: _____

Issues at school: _____

Teachers Name: _____

Number: _____

If not in school, where did they attend? _____

Graduate: _____ YES _____ NO

Year of graduation: _____

SECTION 5 Financial

Check all that apply:

_____ SSI	_____ SSA	_____ Medicaid
_____ Private Insurance	_____ Aid to the Disabled	_____ Medicare
_____ TANF	_____ Food Stamps	_____ Section 8
_____ Paid Employment	_____ Special needs trust	
_____ Funds held in community	Type of Funds: Cash	Checking Savings
_____ Funeral Burial Policies		

Who is the current Representative Payee: _____

After transition who will be responsible for each of the above: _____

Volunteer Work: _____

What services are approved:

_____ In-Home
 _____ Vocational
 _____ Companion
 _____ Supportive Living
 _____ Prader Willi

What services are needed: Check all that apply

_____ Nutritionist	_____ ETL
_____ Psychologist	_____ Vocational
_____ OT	_____ HTS
_____ PT	_____ Transportation
_____ Speech	

Have you been served by an agency before: _____ YES _____ NO

List providing agencies with, with most recent first:

Agency: _____

Dates: _____

Reason for leaving: _____

Agency: _____

Dates: _____

Reason for leaving: _____

Agency: _____

Dates: _____

Reason for leaving: _____

What are your expectations for VOAOK?

What is the role of family members in caretaking and related needs?

Do you have any current concerns, including household and community safety?

What specific services are you asking to be provided?

Any preferences or choices of service recipients that can affect service delivery?

Preference for male or female staff?

Does cultural/religious preferences play a role in what staff is hired?

Signature _____

Date _____