

Office use only:
Date received _____
Time received _____
Initials _____

LifeWorks Community Services Application for Services

Name _____	Date Completed _____
Social Security No. _____	Marital Status: Married Single Divorced (Please Circle One)
Date of Birth _____	Current Living Arrangement _____
Address _____	Current Day Activity _____
City _____	County of Legal Settlement _____
State _____	Sex: M F (Please Circle One)
Zip _____	Referred By _____
Telephone _____	Agency _____
Title 19 # _____	Address _____
Medicare # _____	Phone _____
Disability _____	E-mail: _____
_____	Case Mgr. _____
_____	Phone # _____

Please Check Service(s) Requested:

- | | |
|---|--|
| <p style="text-align: center;"><u>Vocational/Day Services</u></p> <p>_____ Supported Employment</p> <p>_____ Day Habilitation (Connections)</p> <p>_____ Job Coaching</p> <p>_____ Work Crew/Enclave</p> | <p style="text-align: center;"><u>Residential/24 Hour Services</u></p> <p>_____ HCBS Waiver Home</p> <p>_____ Supported Community Living</p> <p>_____ Respite</p> |
|---|--|

*Do you wonder what to apply for? Call one of the phone numbers at the end and request our admission criteria.

Funding Source for requested service(s): _____

The following information is requested prior to finalizing admission to our programs. A delay in processing your application may result from lack of this information.

	Reports Enclosed?	Yes	No
1. Current Service Plan	_____	_____	_____
2. Medical Report	_____	_____	_____
3. Current psychological and/or psychiatric report	_____	_____	_____
4. Social History	_____	_____	_____
5. Incident reports from the last three months	_____	_____	_____
6. Work history (Vocational Programs Only)	_____	_____	_____

