

**Applicant Information**

First Name		Middle	Last Name	
Street Address			City, State, ZIP Code	
County				
Home Area Code and Telephone No. ( ) -		Work Area Code and Telephone No. ( ) -		Other Area Code and Telephone No. ( ) -
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		SSN
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unable to determine race		
Do you have another name (maiden name, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the other name:				
Are you a DADS employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your language preference? <input type="checkbox"/> English <input type="checkbox"/> Spanish				
Do you have or is there an authorized representative or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, skip to Education Details.)				

**Authorized Representative/Guardian Information**

First Name		Middle	Last Name		Area Code and Telephone No. ( ) -
Street Address			City, State, ZIP Code		County

**Applicant Education Details (Individuals under 60)**

Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		What grade are you in?		Year graduated:
Name of School			School Area Code and Telephone No. ( ) -	

**Applicant Living Arrangement**

Living Arrangement (select one)		<input type="checkbox"/> Home	<input type="checkbox"/> Live with Friend or Relative
		<input type="checkbox"/> Group Home	<input type="checkbox"/> Adult Foster Care Home
		<input type="checkbox"/> Facility	<input type="checkbox"/> Alcohol/Narcotic Treatment Center
Facility Name (complete only if living in a facility)			
Facility Address		City, State, ZIP Code	
County			
Do you expect to move into the community? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Applicant Demographics**

Are you a US citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, are you a naturalized citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a derivative citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Applicant Daily Needs**

Select your daily needs for personal assistance:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Bathing  | <input type="checkbox"/> Grooming         | <input type="checkbox"/> Transfer Assistance |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Laundry          | <input type="checkbox"/> Escort              |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Shopping         |  |
| <input type="checkbox"/> Feeding  | <input type="checkbox"/> Meal Preparation |  |

List equipment that would help you on a daily basis:

List nursing services that would help you on a daily basis (vitals checked, wound care, etc.):

Does your caregiver need relief?  Yes  No

Other daily needs:

**Applicant Age/Disability**

- |                                     |  |  |
|-------------------------------------|--|--|
| Benefit type (select benefit type): | <input type="checkbox"/> Blindness payment | <input type="checkbox"/> Railroad Retirement |
|                                     | <input type="checkbox"/> Civil Service     | <input type="checkbox"/> SSI Medicaid        |
| Benefit Amount:                     | <input type="checkbox"/> SSI               | <input type="checkbox"/> RSDI Retirement     |
| \$ _____                            | <input type="checkbox"/> RSDI Disability   |  |

**Application Details** (Name of person completing application)

First	Middle	Last Name
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