

**APPLICATION FOR SERVICES**

<b>Name:</b>
<b>Address:</b>
<b>Phone:</b>

<b>Birthdate:</b>	<b>Age:</b>
-------------------	-------------

Race (check all that apply)

Caucasian		Asian/Pacific Islander	
African American		American Indian/Alaska Native	
Hispanic		Other	

Have you ever served in Armed Forces: \_\_\_ yes \_\_\_ no

Highest Level of Education (Check one)

Some High School		Some College	
High School Diploma		College Diploma	
HGED		Other	

**Employment Status**

Never Worked		Currently Working Full Time	
Not working but have worked in the past		Retired	
Currently Working Part Time		Supportive Employment/Sheltered Employment	
Other			

**DISABILITY STATUS**

Primary Disability

Other Disabling Conditions

Have you ever been a client of DORS?  YES  NO

If yes, List Counselor's name and phone number:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Person we should contact in case of emergency:**

Name	
Relationship to You	
Address	
Phone <i>Home</i> <i>Work</i> <i>Cell</i>	

HOW DID YOU HEAR ABOUT RESOURCES FOR INDEPENDENCE?

- Friend
- Social Worker/Agency
- Relative
- Newspaper
- DORS
- Other: \_\_\_\_\_



*Office use only*

Date Application Received: \_\_\_\_\_

County: \_\_\_\_\_

ILA Assigned: \_\_\_\_\_