

INDEPENDENT LIVING PROGRAM
APPLICATION

Independent Living Services and Centers for Independent Living

For purpose of title VII, the term "individual with a significant disability" means an individual with a severe physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance on employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or more towards functioning independently in the family or community or to continue in employment, respectively.

Please initial if you meet this definition _____

1. Name: _____
2. Phone 1: () _____ Phone 2: () _____
3. Contact Person and Phone number (if other than consumer): _____
4. Address: _____
(Street)

(City) (State) (County) (Zip Code)
5. Date of Birth: _____ Email Address: _____
6. Social Security Number: _____ () Male () Female
7. Do you wish to receive our quarterly newsletter? () Yes () No () Electronically () Mail
8. Race: (Individuals may select more than one category)
 - a. Hispanic or Latino: _____
 - b. American Indian or Alaska Native: _____
 - c. Black or African American: _____
 - d. Asian: _____
 - e. Native Hawaiian or Other Pacific Islander: _____
 - f. White: _____
9. Language: (Primarily Spoken) () English () Spanish () Other: _____
10. Marital Status: () Never Married () Married () Divorced () Widowed () Separated
11. Living Situation: (Check only one)
() Nursing Home () Parent/Guardian Home () Assistive Living () Family/Friends
() Group Home () Transitional Housing () Own House () Homeless
() Rent to Own () Renting House/Apartment () Other _____
12. Are you presently employed? () Yes () No \$ _____
() Part Time () Full Time () Supported Employment () Transition Student
If you are presently working, where are you employed? _____
13. Are you presently retired? () Yes () No
() with Company Benefits () with Social Security Benefits \$ _____
14. Are presently unemployed? () Yes () No
() Seeking Employment () Not Seeking Employment () Never Worked
() Receiving Unemployment \$ _____
15. Have you been in the military? () Yes () No
16. Are you eligible for veteran's benefits? () Yes () No Veterans Number _____

17. What is your educational level? _____ Have you ever had an IEP? () Yes () No
 Are you presently attending school? () Yes () No
 If yes, name of school _____
18. Who referred you to this program? _____
19. Disability Type:
 Primary Disability: _____ Cause: _____
 Secondary Disability(s): _____ Cause: _____
20. Are you receiving Services or have you received services from: (Check all that apply)
 Medicare # _____ Medicaid # _____ Other Medical Insurance
 Muscular Dystrophy Waiver Programs HEAT
 General Assistance Unemployment Benefits Vocational Rehabilitation
 Food Stamps \$ _____ M.S. Society Weatherization
 Shiners Other (specify) _____
 SSDI Not an applicant [] Currently allowed benefits [] Denied benefits
 [] Application pending [] benefits discontinued [] Amount Received \$ _____
 SSI Not an applicant [] currently allowed benefits [] Denied benefits
 [] Application pending [] benefits discontinued [] Amount Received \$ _____
21. What is your combined monthly earned income? \$ _____
22. Have you previously received services through a Center for Independent Living? () Yes () No
 If so, where? _____
23. Please select the services that will assist you in becoming more independent.

Assistive Technology Height _____ Weight _____ <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Bathroom/Home Modification <input type="checkbox"/> Ramp <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Vehicle Modification <input type="checkbox"/> Porch Lift <input type="checkbox"/> Stair Glide <input type="checkbox"/> Canes, Crutches, or Walker <input type="checkbox"/> Bathroom Aids <input type="checkbox"/> Lift Chair <input type="checkbox"/> Other: _____	IL Skills Training and Life Skills Training <input type="checkbox"/> Housing <input type="checkbox"/> Public Assistance Programs <input type="checkbox"/> Employment Services <input type="checkbox"/> Financial Management <input type="checkbox"/> Nutrition/Meal Prep <input type="checkbox"/> Household Management <input type="checkbox"/> Personal Care <input type="checkbox"/> Social and Communication Skills <input type="checkbox"/> Computer Classes <input type="checkbox"/> Self Advocacy Training <input type="checkbox"/> Living Well with a Disability Classes <input type="checkbox"/> Nursing Home Transition <input type="checkbox"/> Community Based Living
Advocacy/Legal Services	Personal Assistance Services
Children's Services	Physical Restoration Services
Communication Services	Preventive Services
Counseling and Related Services	Prostheses, Orthotics, and Other Appliances
Family Services	Recreational Services
Housing, Home Modifications, and Shelter Services	Rehabilitation Technology Services
Mental Restoration Services	Therapeutic Treatment
Mobility Training	Transportation Services
Peer Counseling Services	Youth/Transition Services
Information and Referral	Vocational Services