



Adult and Student Programing
Application for Services

Fill in the entire form as completely as possible. The information provided is confidential and is needed to provide KAC with a basis of assisting you in determining appropriate program needs.

NAME: Last First Middle

ADDRESS: Street City/State Zip

TELEPHONE: DATE OF BIRTH:

EMAIL:

GENDER: Male Female Other

SERVICE(S) APPLYING FOR: Pre-Employment Community Employment Day Program/Voyage Seasonal/Special

LEGAL STATUS: I am my own guardian Yes No

If no: Guardian's Name: Phone:

Are you currently enrolled in any of the following: DVR SSI/SSDI (Circle: Enrolled or Application Pending) Family/Community Care IRIS CLTS

Case Manager:

Please state your reason for applying for services and what you intend to accomplish through participation in the program (ex: get a job, meaningful activity, social interaction...):

Three horizontal lines for providing a reason for applying for services.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that information given above is accurate to the best of my knowledge. As applicable, I understand that my records are protected under federal regulations governing confidentiality and cannot be released without appropriate written consent.

Signature of Applicant

Date

Signature of Parent/Guardian

Date