



**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: \_\_\_\_\_

GENDER:  Male  Female

SERVICE(S) APPLYING FOR:  
 Voyage  Community Employment  Work Experience  Seasonal Employment Training

LEGAL STATUS: I am my own guardian  Yes  No

If no: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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...):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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