



APPLICATION

Name: _____ Date of Birth _____ State of Birth _____

Address: _____ Phone Number: _____

Why would you like to participate in activities with AGI?

(Explain) _____

What do we need to know about you in order to provide meaningful supports? (please fill out completely to have application considered.)

Explain any Medical Supports you regularly use (gait belt, feeding tube, seizure magnet, etc.) :

Have you used any service provider in the past or do you currently attend another provider?

Please check any supports that you require at home or in the community (**REQUIRED**)

- Requires support in the restroom
 - Requires support ambulating
 - Requires support eating, has extreme food seeking behaviors, and/ or diet restrictions
 - History of physical violence towards self or others
 - History of or currently elopes /wanders
 - Does not communicate verbally, needs support communicating
 - Can be supported in a group setting with one staff and up to 7-10 other club members
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Have you had any Significant life events that staff should consider when providing support?

What are your areas of interest?

What type of activities do you prefer?

Who is most important to you in your life?

Where did you attend school, and did you graduate?

10/2019

APPLICANTS LEGAL STATUS

- Applicant is their own Guardian**

- Applicant has a Court Appointed Guardian (If checked required to complete name information)**
Name: _____
Address: _____ Phone Number: _____

- Applicant is under 18 years old and has a natural parent guardian**

VSP FUNDING INFORMATION

If you wish to use DD services to cover the cost of events and supports, please complete the below information so that your request can be verified.

I have applied for Medicaid and my status is:

- Active
- Pending or waitlisted
- Denied Service Coordinator Name: _____

I have applied for DD Services and my status is:

- Applied for Date: _____
- Funding has been determined
- Denied

Does the applicant have a legal Payee?

- No
- Yes ,Payee information _____

If you plan to private pay for your services instead of using state funding, please check this box and note a reason for not using DD funding.

- Private Pay Request (Explain)** _____

Participants requesting services/supports with Angel Guardians Inc. must be able to provide the following upon approved application:

- **Application and Social History**
- **Medical History**
- **Specialized Assessments if applicable**
- **Physical examination within the last year**
- **Insurance and ID Cards**
- **Guardianship papers (if applicable)**
- **Physicians orders for medication that will be administered by AGI**
- **Completed intake and consent forms**