



**Youth and Adult Services
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:
 Pre-Employment Community Employment Day Program Seasonal/Special

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