



**APPLICATION FOR SERVICES**

The Arc of the Mid-South is an equal opportunity employer and service provider according to law prohibiting discrimination based on race, color, sex, religion, national origin, ancestry, age, handicap, or marital status. Your responses to any questions will not be used as a basis for discrimination, but will be judged on its relevance to the position or service you are seeking.

Instructions: Please print or type legibly.

Date of App \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Sex  F  M

Parent/Guardian: Name \_\_\_\_\_

Contact #1 \_\_\_\_\_

Email Address \_\_\_\_\_

Contact #2 \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**EMERGENCY INFORMATION**

Doctor's Name \_\_\_\_\_ Office # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Person #1 \_\_\_\_\_

Emergency Contact Person #2 \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

<b>Services Requested</b>	<input type="checkbox"/> Personal Assistance
	<input type="checkbox"/> Weekend Retreat
<b>Referral Source:</b>	<input type="checkbox"/> Summer Camp
	<input type="checkbox"/> ECF
	<input type="checkbox"/> ED Care
	<input type="checkbox"/> Jobs
	<input type="checkbox"/> Advocacy

The above information has been answered to the best of my knowledge. I hereby give The Arc of the Mid-South permission to discuss with professional persons mentioned in this application any relevant information and to secure from those individuals and/or agencies any further relevant information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_