



**FAMILY SUPPORT 360
APPLICATION
(Please Print)**

APPLICANT'S NAME

GUARDIAN/FAMILY MEMBER (as needed)

APPLICANT'S ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

WORK PHONE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

MALE/FEMALE

DEVELOPMENTAL DISABILITY DIAGNOSIS (Documentation of Diagnosis is required). Please attach a copy of the most recent psychological evaluation, Individual Education Plan (IEP) and any other evaluations/documentation with diagnostic information. If documentation of the diagnosis is not available, a release of information form will be required to access the information.

Does the applicant receive any of the following benefits? _____ SS _____ SSI _____ SSDI
 _____ Veterans Benefits _____ Other (describe) _____

Does the applicant live in a family member's home on a full time basis? _____(yes/no)

Does the applicant live independently in his/her community? _____(yes/no)

What supports/services are being requested? _____

I understand to be eligible for the Family Support 360 Program the applicant must be diagnosed with a developmental disability prior to the age of 22 and live in a family member's home or live independently.

APPLICANT'S SIGNATURE DATE

GUARDIAN SIGNATURE (if applicable) DATE