

Date Rec'd *for office use only*

Time Rec'd *for office use only*

Application For ADH Service

PLEASE PRINT OR TYPE

Date: _____

Applicant's Name: _____
Last First Middle

Date of Birth: _____ Sex: [] Male [] Female

Social Security #: _____ Citizenship: _____

Medicaid #: _____

Phone: _____ Alternate phone: _____

Address: _____

City/State/Zip: _____

Current Living Situation (Check):

- Family Domiciliary Home for Developmentally Disabled Adults Currently Occupying HUD Assisted Unit
- ICF/MR-C Home Foster Home Other: _____

Legal Guardian's Name : _____

Relationship/Title: _____ Phone: _____

Email Address (required): _____

Case Manager's Name: _____

Agency: _____ Phone: _____

Email Address(required): _____

Family Information:

Father's Name: _____ Phone: _____

Address: _____ Work phone: _____

City/State/Zip: _____ Cell phone: _____

Email Address (required): _____

Mother's Name: _____ Phone: _____

Address: _____ Work phone: _____

City/State/Zip: _____ Cell phone: _____

Email Address(required): _____



Applicant's Condition(s) (Check all that apply):

- Intellectual/Developmental Disability (ID/DD) (diagnosis): _____
- Autism
- Cerebral Palsy
- Epilepsy
- Learning Disability
- Visual Impairment (degree of impairment): _____
- Hearing Impairment (degree of impairment): _____
- Other Diagnosis: _____

Adaptive Protective Equipment Needed (e.g. furniture, wheelchair, crutches, etc.): _____

Education, Training, and Employment History (list last school or program first):

1. _____ From _____ to _____
2. _____ From _____ to _____
3. _____ From _____ to _____

How did you hear about our services (i.e. Case Mgr, web site, ad, etc.)? _____

Person Completing Application: I certify that the information provided is complete and accurate.

Name: _____ Phone: _____

Relationship to Applicant: _____

Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Name: _____



Day Program Fee For Services

<u>Assessed Day Services</u>	<u>Half Day</u>	<u>Full Day</u>
ADH Tier 1	\$43.44	\$86.88
ADH Tier 2	\$53.04	\$106.08
ADH Tier 3	\$62.52	\$125.04

Group Community Services available (please requests for rates)

Length of Day: Full Day Half Day PA (hourly)

Days Attending: Monday Tuesday Wednesday

Thursday Friday

Other: _____

Fee for Services Daily Rate: _____ (To be paid in advance, on the first of each month)

Guardian/Parent's Signature: _____ Date: _____

The Arc in Hawaii will provide day services for the days and length of day as listed above.

Center Manager _____ Date: _____

