



# APPLICATION FOR SERVICES

06/09

Name of person in need: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Medicaid Number : \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Race:  White  Black  Hispanic  Asian

If in a School or a Day Program, include Name: \_\_\_\_\_

& Location of School or Day Program: \_\_\_\_\_

Disability: (Documentation of diagnosis is required in order to process application)

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

Secondary Diagnosis: \_\_\_\_\_

Parents' Names: Mother: \_\_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father: \_\_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

***This information is required in order for application to be processed.***  
Annual Household Income (gross): \$ \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Person's Current Place of Residence: (check one)  with Family or  in a Residential Program

If in a Residential Program, include Name & Address: \_\_\_\_\_

I am interested in the following programs: (check as many as needed)

- After School Program *(Queens, Bronx, Manhattan only)*
- Day Habilitation *(For ages 21 and over)*
- Day School *(By CSE referral only)*
- Early Intervention (E.I.) *(NYC residents only, ages 0-3)*
- Support Group
- IRA (Group Home/Residence)
- Parent Training/ Behavior Management
- Social Skills Group *(High-functioning autism/aspergers)*  
*(Manhattan only)*
- Overnight Respite (ONR) *(Queens, Brooklyn)*
- Preschool *(By CPSE referral only, for Ages 3 to 5)*
- Residential Habilitation (HCBS) *(For NYC residents only)*
- FSS – Res Hab for Queens consumers who do not have medicaid.
- Respite In-Home *(Qns, Bklyn, Manhattan, Bronx and Nassau only)*
- Saturday Recreation Program *(Manhattan)*
- Service Coordination *(Medicaid)*
- Service Coordination (No Medicaid needed) *(Brooklyn Only)*
- Special Education Itinerant Teacher (SEIT)  
*(By CPSE referral only, ages 3-5.)*