



## APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you live in Lee County?  Yes  No

Do you live in a group home?  Yes  No

If yes, name of group home \_\_\_\_\_  
Phone number \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Emergency contact** Name(s) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Do you require a Wheelchair?  Yes  No

Can you manage stairs on your own?  Yes  No

Do you have a disability (including age related disabilities)?  Yes  No

If yes, is your disability permanent? \_\_\_\_\_

\*If temporary, please provide verification from your doctor showing a date, or the time frame, when your disability should end.

You **MUST** provide evidence of your disability, which may include:

- \* SSI check
- \* SSDi check
- \* Living in a licensed group home
- \* Verification from your doctor, licensed clinician, or specialized program