

INNOVATIVE INDUSTRIES, INC.

APPLICATION FOR SERVICES

**Personal Data**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Income Sources: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

County of Legal Settlement: \_\_\_\_\_

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

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

Legal Status: \_\_\_\_\_

Payee/Conservator: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Funding/Referral Data**

Referral Source: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical**

Has consumer been institutionalized? \_\_\_\_\_ If so, when and why? \_\_\_\_\_

Has consumer been abusive to self or others? \_\_\_\_\_ If so, describe incidents, include frequency, type of situation that provokes incidents, and methods used for managing the behavior: \_\_\_\_\_

**Family and Other Supports**

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family / Friends who are actively involved with Consumer:	
Name: _____	Relationship: _____
Address: _____	
Phone: _____	
-----	
Name: _____	Relationship: _____
Address: _____	
Phone: _____	

**Education**

Did consumer graduate from high school? \_\_\_\_\_

Where: \_\_\_\_\_

Was Consumer in Special Education classes? \_\_\_\_\_

College or Vocational Training: \_\_\_\_\_

**Work Experience and Skills**

<u>Name of Employer:</u>	<u>Tasks Performed:</u>

Cultural Considerations: \_\_\_\_\_

\_\_\_\_\_

What are your future goals, and what can Innovative Industries do to help you achieve them? \_\_\_\_\_

\_\_\_\_\_