When completed, check the correct council box *(see list at bottom of this form)*, and send to the appropriate volunteer council based on the county where you live.

❑**Baldwin** ❑**Cahaba** ❑**Clarke** ❑**Mobile** ❑**Southwest**

REGION 3 APPLICATION FOR ASSISTANCE

For Baldwin, Clarke, Conecuh, Dallas, Escambia, Monroe, Mobile, Perry, Washington, and Wilcox Counties only

Name of individual with developmental disability | Last four numbers in Social Security Number

☐ Male ☐ Female

Date of Birth | County of Residence | Home Phone

Street or Box Address

City | Zip Code | Email

Responsible Adult Name | Address | Phone

2nd Responsible Adult Name if Applicable | Address | Phone

Total children in family | Total adults in family | No. children with disabilities | No. adults with disabilities

Name of Person or Agency Who Referred You to Us | Their Agency or Organization if Person

Address of Referring Person or Agency | Phone

Developmental Disability (check all that apply):

- ☐ Mental Retardation
- ☐ ADD/ADHD
- ☐ Cerebral Palsy
- ☐ Neurologic Disorder
- ☐ Orthopedic Disorder
- ☐ Other
- ☐ Seizure Disorder/Epilepsy
- ☐ Paraplegia
- ☐ Quadriplegia
- ☐ Traumatic Brain Injury
- ☐ Visual Imp./Blindness
- ☐ MR & MI Dual
- ☐ Developmental Delay
- ☐ Muscular Dystrophy
- ☐ Multiple Sclerosis
- ☐ Hearing Imp./Deafness
- ☐ Deaf Blind
- ☐ Autism
- ☐ Cystic Fibrosis
- ☐ Spina Bifida

Please describe your need or needs at this time?

We ask for the following information just for our records and it has no effect on your receiving help from us:

Race: ☐ Caucasian ☐ Hispanic ☐ Afro-american ☐ Native American ☐ Oriental ☐ Other

We want to make sure you get the help you need. Who are you getting help from now? (please check below)

☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ SSI ☐ Alabama Dept. of Mental Health

☐ Voc. Rehab. Serv. ☐ AFDC/FAPRA ☐ Children's Rehab. Serv. ☐ Head Injury Foundation

☐ Community Action ☐ A church ☐ Epilepsy Foundation ☐ Catholic Soc. Services

☐ Other (please list) _____

PERMISSION TO RELEASE INFORMATION (required)

All the above information is true to the best of my knowledge, and I give my permission for the following individual or agency to release information about myself or my family member listed above for the purpose of determining eligibility for assistance from the Individual & Family Support Service. I know this information will be private and used only to determine if I or my family member is eligible for services. I also know that my permission is voluntary and at any time can be refused to any individual or agency.

The information checked below may be exchanged to determine eligibility:

☐ Medical reports/records ☐ Progress reports ☐ Psychological test results

☐ Social/developmental history ☐ Therapy testing reports ☐ Speech/language testing reports

☐ Screening or intake information ☐ Staffing reports ☐ vision/hearing records

☐ Developmental testing records ☐ Other _____

This release will be effective for _____ 90 days _____ 6 months _____ 1 year.

_____

Signature Please print name Date

DEVELOPMENTAL DISABILITY VERIFICATION

Note: (if previously verified write "on record" here) _____

Verification of a developmental disability (prior to age 22) or traumatic brain injury must come from someone other than the individual requesting assistance or a family member. Common sources of verification are doctors, social workers, special ed. school personnel, service providers such as Children's Rehabilitation Service, UCP, Easter Seals, ARC, Vocational Rehabilitation Service, and Alabama Institute for Deaf and Blind.

A professional who can verify the Developmental Disability or Traumatic Brain Injury must sign below.

Description of Developmental Disability or Traumatic Brain Injury:

_____

_____

Verified by: *(please print clearly)*

_____

Signature Printed Name

_____

Agency/ Organization Date

_____

Address Phone

Applications for Assistance may be mailed to the following local volunteer councils based on the county in which you live: **Mobile or Washington**, Mobile Area Community Support Council, Attn: Ms. Susan Polizzi, #131 6300 Grelot Rd. Ste. G., Mobile, AL 36609; **Baldwin**, Baldwin Community Support Council, Attn: Ms. Susan Polizzi, #131 6300 Grelot Rd. Ste. G., Mobile, AL 36609; **Monroe, Escambia, or Conecuh**, Southwest Alabama Community Support Council, Attn: Ms. Gloria Lett, 95 Power Aly, Repton, AL 36475; **Clarke**, Clarke Community Support Council, Attn: Ms. Nellie Washington, 621 Pine Trail Rd., Gainestown, AL 36540; **Dallas, Wilcox or Perry**, Cahaba Community Support Council, Attn: Ms. Odessa Taylor, P.O. Box 508, Selma, AL 36702-0508 10/11/17