

Aldersgate “Welcome Home” Application

Date _____

Name _____

Current Address _____

Potential Residence Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____

Birthdate _____ Monthly Income _____

Developmental Disability Diagnosis _____

Are you currently employed? If yes, where and how long.

Do you volunteer in the community or attend a day program?

Are you on a waiver or receive any support services? If yes, what agency and supports?

Other Contact (Parent, Guardian, Case Manager, Service Coordinator, Church Member)

Name _____ -

Telephone _____

Other Contact (Parent, Guardian, Case Manager, Service Coordinator, Church Member)

Name _____ -

Telephone _____

References

Name _____

Relationship _____

Telephone _____

Name _____

Relationship _____

Telephone _____

Moving Plans, Support Plan, and Dates
