

**APPLICATION FOR SERVICES  
AT COMMUNITY CONNECTIONS, INC.**

I. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_  
                    First                      Middle                      Last

Current Address: \_\_\_\_\_  
                                    Street or P.O. Box                      City                      County                      State                      Zip Code

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of person or agency making referral: \_\_\_\_\_

Current Living arrangement: \_\_\_\_\_

Diagnoses: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Legal/Court Appointed Guardian: \_\_\_\_\_ Yes \_\_\_\_\_ No (Please provide copy of court order)

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

Address: \_\_\_\_\_  
                                    Street or P.O. Box                      City                      County                      State                      Zip Code

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II. CONTACT INFORMATION:

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Street or P.O. Box                      City                      County                      State                      Zip Code

CURRENT FAMILY INVOLVEMENT:

Name	Relationship

III. PROGRAM INVOLVEMENT (PREVIOUS OR CURRENT—CHECK EACH THAT APPLIES)

Program:

Agency

\_\_\_\_\_ Early Intervention (Part C, 0-3 services)

\_\_\_\_\_

\_\_\_\_\_ Family Support

\_\_\_\_\_

\_\_\_\_\_ Waiver under 18 (HCBS, CES, Autism)

\_\_\_\_\_

\_\_\_\_\_ Special Education Services

\_\_\_\_\_

\_\_\_\_\_ Residential Program

\_\_\_\_\_

\_\_\_\_\_ Vocational Program

\_\_\_\_\_

IV. CURRENT AGENCY INVOLVEMENT:

AGENCY	YES	CONTACT PERSON	PHONE
County Human Services			
Division of Vocational Rehabilitation			
Mental Health			
HCP			
Center for Independence			
OTHER			

IX. OTHER INFORMATION THAT MAY BE HELPFUL IN UNDERSTANDING THE NEEDS OF THE APPLICANT: (e.g. language spoken, seizure disorder, medications)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by:

\_\_\_\_\_  
Date

Signature of Parent, Guardian or (if necessary) Advocate

**APPLICANT'S PROBLEM BEHAVIORS (Please check one in each column)**

	0 (Never)	1 (Seldom)	2 (Frequently)	3 (Court Action)
Threatens Verbally				
Physically Aggressive				
Destroys Property				
Runs Away				
Steals				
Self - Abusive				
(Specify)				
Threatens Suicide				
Attempted Suicide				
Sexually Assaulted				
Sets Fires				
Abuses Drugs / Alcohol				
Hyperactive				
Manipulative				
Tells Untruth				
Bizarre Behavior				
(Specify)				
Temper Tantrums				
Teases Others				
Uncooperative				
Demands Excessive Attention				
Other Problems Behavior				
(Specify)				

**APPLICANT'S CURRENT PHYSICAL AND SELF - CARE SKILLS (Please check**

	0 (None)	1 (Some)	2 (Much)	3 (Total Independence)
<b>SELF - CARE SKILLS</b>				
Eating				
Toileting				
Dressing				
Bathing				
Ambulation				
<b>COMMUNICATION</b>				
Understands Spoken Language				
Verbal Skills				
Reads				
Writes				
Can Make Needs Known				
<b>SELF - DIRECTION</b>				
Travel in Community				
Housekeeping				
Cooking				
Manages Money				
Shopping				
Tells Time				
Manages Time				
Other (Specify)				

**Please return completed application and supporting documentation to:**

Case Management Department  
Community Connections, Inc.  
281 Sawyer Dr, Ste. 200  
Durango, CO 81303

If you have questions or need assistance filling out this application, please contact the Director of Case Management at 970-385-3458.

Did you remember to include:

\_\_\_ Most recent psychological evaluation or release of information

\_\_\_ Signed Privacy Practices Receipt

\_\_\_ Copy of Birth Certificate

\_\_\_ Copy of Social Security Card

\_\_\_ Copy of Medicaid Card (if applicable)

\_\_\_ Copy of Medicare Card (if applicable)

\_\_\_ Copy of immunization record

\_\_\_ Copy of recent Social Security and/or SSI Statement (if applicable)

\_\_\_ Copy of State ID card (if available)

\_\_\_ Copy of Guardianship appointment (if applicable)