

ACTIVE RE-ENTRY
INDEPENDENT LIVING PROGRAM APPLICATION

Date: _____

Name: _____ Male _____ Female _____
(Please Print)

Guardian's Name: _____

Address: _____ P.O Box # _____

City: _____ State: _____ County: _____ Zip: _____

Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Social Security Number: _____ Date of Birth: _____
(for State funding only)

Race: (May select more than one category)

White: ___ African American: ___ Hispanic of Latino: ___ Asian/Pacific Islander: ___ American Indian: ___

Marital Status: Never Married: ___ Married: ___ Divorced: ___ Widowed: ___ Separated: ___

Living Situation: (Check only one) Nursing Home: ___ Group Home: ___ Rent to Own: ___ Assisted Living: ___
Parent/Guardian Home: ___ Homeless: ___ Renting House/Apartment: ___ Own Home: ___ Friends/Family: ___

Are you presently employed? Yes ___ No ___ Are you presently retired? Yes ___ No ___

What is your educational level? _____ Have You ever had an IEP? Yes ___ No ___

Are you presently attending school? Yes ___ No ___ If YES, Name of school _____

Have you been in the Military? Yes ___ No ___ Are you eligible for veteran's benefits? Yes ___ No ___

Disability Information

Primary Disability: _____ Onset Date _____

Cause: _____

Secondary Disability(s) _____

_____ Cause: _____

Are you currently receiving a cash benefit from **SSDI**?

Yes currently allowed benefits: _____ NO not an applicant: _____ Denied benefits: _____

Are you currently receiving a cash benefit from **SSI**?

Yes currently allowed benefits: _____ NO not an applicant: _____ Denied benefits: _____

Are you receiving services or have you received services from: (Check all that apply)

Medicare: _____ Medicaid: _____ Other Medical Insurance: _____ Waiver Programs _____

Muscular Dystrophy Society: _____ HEAT: _____ General Assistance: _____ Shriners: _____

Unemployment Benefits: _____ Vocational Rehabilitation: _____ Food Stamps: _____ M.S. Society: _____

Weatherization: _____ Other (specify): _____

Have you previously received services through a Center for Independent Living? Yes ___ No ___

If YES where: _____

Please write a statement of your needs and how you feel the Independent Living Programs can help.

Who referred you to this program? _____

Are you a registered Voter: Yes ___ No ___ If NO would you like to register? Yes ___ No ___

Do you wish to receive our quarterly newsletter? Yes ___ No ___

Active Re-Entry Independent Living Center Social Recreation/Media Release

I, _____, do hereby release Active Re-Entry Independent Living Center and its Board of Directors and employees from all liability, claims, and/or demands for property damage and personal injury that may arise from an accident or injury while attending program activities or being transported to and from these activities. I also hereby authorize Active Re-Entry Independent Living Center to take and utilize photographs, videos or other audio-visual materials for its own use. These materials will be used for public awareness, public relations and fundraising activities. I also understand that I will not be compensated monetarily or otherwise for the use by Active Re-Entry.

Active Re-Entry Independent Living Center Hold Harmless Release

I, _____, for and in consideration of permission granted by be to participate in Peer Support group meetings and Community Integration activities do hereby release and agree to hold harmless Active Re-Entry Inc., Independent Living Center, their successors and assigns, for all claims, demands, actions and causes of the action at law or equity, arising by reason or in manner growing out of participation in Active Re-Entry activities. Further, I understand that Active Re-Entry, Independent Living Center does not provide accidental medical insurance for participants while engaged in sponsored activities. Securing appropriate medical insurance is the responsibility of the participant or the participant's family.

Transportation Statement

I, _____ understand that all reasonable efforts will be made to provide safe transportation. I, the undersigned, for and in consideration of permission granted by me do hereby release and agree to hold harmless Active Re-Entry and other agencies involved for all claims, demands, actions and causes of the action at law or equity, arising by reason or in a manner growing out of participation with Active Re-Entry. Further, I understand that Active Re-Entry does not provide accidental medical insurance for the riders. Van/Bus insurance is in accordance with existing Utah State Law.

Consumer or Guardian Signature

Date