



6487 Whitby San Antonio, Texas 78240-2198
 (210) 696-2410 Voice (210) 699-3311 TTY (210) 696-0231 Fax www.provplace.org

Application/Referral Form

Section A - Demographics

Last Name	First Name	Middle	Maiden Name	Social Security

Address		City	State	Zip Code

D.O.B	Marital Status	Highest Education Level	Gender	Race

Home Telephone Number			Cell Phone (or other) Number	

Emergency Contact Name			Relationship to the Applicant	

Emergency's Address		Day Phone Number / Evening Phone Number		

Criminal History		Currently on Probation / Parole ?		

Section B – Referral / Sponsor

Sponsor Name	Phone Number	FAX Number

Mailing Address	City State	Zip Code

Referring Counselor/Family Member E-mail address		

Section C – Disability

Disability Information - Please list primary and secondary disability information.

Current Medications and Dosages

Allergies

If the Disability is hearing loss or impairment, please complete the following:

To What Degree is the Hearing Loss? _____ Age on Onset _____

Cause _____

Mode of Communication: Oral ASL SEE PSE Home Signs
 Gestures Total

Hearing Aids: None Right Ear Left Ear Bi-lateral

Section D – Employment

Vocational Objective

Work History (last 10 years) - Briefly Describe Type of Work, How Long, Reason(s) for Termination. Please attach or complete information that includes the address, phone number, and supervisor's name so that we may assist the person with application forms in the future.

Employment started / ended	Company Name	Job Title	Reason for leaving	Salary

Section E – Supporting Documents

CHECKLIST FOR INFORMATION REQUIRED WITH THIS APPLICATION:

- Proof of Disability
- Proof of ability to work in the US (SS card and current photo ID copies) as required for I-9 documentation for employment
- Copy of Birth Certificate (required for Residential Services only)
- Copy of Immunization Records (required for Residential Services only)
- Proof of Physical Exam within 30 days of entry date and physician's orders (required for Residential Services only)
- Advance Directive Form completed by family and treating Physician (required for Residential Services only)
- Proof of TB Test/Results within 30 days of entry date (required for Residential Services only)
- Copy of Parole or Probation Conditions (required if applicable)
- Proof of Legal Guardianship

Section F - Financial

If the applicant receives any of the following, please check appropriate box and list monthly amount(s):

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 SSI SSD SSDI FAMILY RESOURCES OTHER

To whom is the check made payable, and what relationship is the payee to the applicant?

Name on the check?

Relationship to applicant?

If the applicant receives any of the following, please show the recipient number.

Medicaid: _____ Medicare: _____
 Medicare HMO: _____ Private Insurance: _____
 Other: _____

Section G – Services Recommended

Possible Start Date _____

- CES Residential Program Vocational Adjustment Training
- CES Day Services Job Quest / Job Readiness Training
- Comprehensive Vocational Eval / Vocational Assessment Interpreting Services for Interviews
- Psychological Evaluation Job Placement Neuropsychological Evaluation
- Job Coaching

Section H – How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> School Church |
| <input type="checkbox"/> Family College/Career | <input type="checkbox"/> Fair Advertisement |
| <input type="checkbox"/> Conference Brochure | <input type="checkbox"/> Internet/WWW |
| <input type="checkbox"/> Other _____ | |

I understand that Providence Place is a transitional (not a permanent) living facility where vocational and independent living training is given. I understand that Providence Place accepts clients who have self-care skills and initially admits them for a 30-day evaluation under no further obligation. Program continuation depends on the results and recommendations of the 30-day evaluation period.

Signature of person completing application / referral form

Providence Place is an Equal Opportunity Social Service Agency and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, or status as Disabled or Vietnam Era Veteran. All information will remain confidential.