



Individualized Skills & Socialization

APPLICATION FOR DAY HABILITATION

CLIENT INFORMATION

First Name: _____ Last Name: _____ MI: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____ Date of Birth: Month ____/Day ____/Year ____

Sex: M ____ F ____ Social Security: _____ - _____ - _____

School Attending: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Teacher: _____

Physician Name: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

PARENT INFORMATION

Mother's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Employer: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security: _____ - _____ - _____ Driver License: _____

Father's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Employer: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security: _____ - _____ - _____ Driver License: _____

GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Employer: _____ Phone: (____) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Social Security: _____ - _____ - _____ Driver License: _____