

# **ACTIVE RE-ENTRY**

## *Independent Living Programs*

### **APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ P.O Box # \_\_\_\_\_

Google Plus Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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) *Individualized Education Program* Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently attending school? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, Name of school \_\_\_\_\_

Have either you or your spouse served in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a surviving Spouse of a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you eligible for veteran's benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

## Disability Information

Primary Significant Disability: \_\_\_\_\_

\_\_\_\_\_ Cause: \_\_\_\_\_

Secondary Significant Disability(s) \_\_\_\_\_

Are you currently receiving a cash benefit from (**SSDI**)- *Social Security Disability Insurance*

Yes currently allowed benefits: \_\_\_\_\_ NO not an applicant: \_\_\_\_\_ Denied benefits: \_\_\_\_\_

Are you currently receiving a cash benefit from (**SSI**)- *Supplemental Security Income*

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 give Active Re-Entry consent to take and utilize written materials, photographs, videos or other audio-visual materials, in any medium, including the internet, for its own use. These materials will be used for public awareness, public relations, promotional activities or other business purposes. I also understand that I will not be compensated monetarily or otherwise for its use by Active Re-Entry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **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

## Rights and Signature

The information contained in this form is true and correct to the best of my knowledge. Permission is granted to the Independent Living Program to make whatever inquiries might be necessary to verify these statements. In applying for independent living program services, I understand there is a need to collect personal information.

I understand that consumer service record information is necessary to determine eligibility and, therefore, mandatory. Failure to provide requested information may result in a determination of not being eligible for Independent Living Services.

I understand that consumer service record information concerning me will be kept confidential.

I understand that I have the opportunity for a timely review of any dissatisfaction with a determination made by my Independent Living Coordinator concerning the furnishing of denial of Independent Living Services by contacting:  
Terri Yelonek, Executive Director, 435-637-4950

I understand that a Client Assistance Program Representative is available to act as my advisor and advocate, and that I may call toll free 1-800-662-9080 or Salt Lake 801-363-1347 to reach the Disability Law Center / Client Assistance Program (CAP), 205 North 400 West Salt Lake City, UT 84103

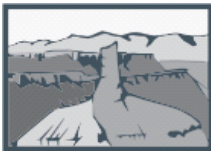
I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Independent Living Program also assures that no group of individuals will be excluded or found ineligible on the basis of type of disability.

\_\_\_\_\_  
Consumer or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ARECIL Service Coordinator

\_\_\_\_\_  
Date



**ACTIVE RE-ENTRY**  
*Independent Living Programs*

**Carbon/Emery County**

10 South Fairgrounds Rd.  
Price, UT 84501  
(435) 637-4950

**Grand County**

285 S. 400 E.  
Suite # 211  
Moab, UT 84532  
(435) 355-0683

**San Juan County**

544 N. 100 E.  
Suite #166  
Blanding, UT 84511  
(435) 820-0090

**Uintah Basin**

330 S. Aggie Blvd  
Vernal, UT 84078  
435-789-4020