

ACTIVE RE-ENTRY

Independent Living Programs

APPLICATION

Date: _____

Name: _____ Male _____ Female _____
(Please Print)

Address: _____ P.O Box # _____

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 Disability: _____ Onset Date _____

Cause: _____

Secondary Disability(s) _____

_____ Cause: _____

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

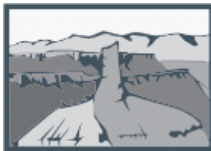
I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Independent Living Program also assures that no group of individuals will be 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
Fax- (435)637-4952

Grand County

285 S. 400 E.
Suite # 205
Moab, UT 84532
(435)719-1133

San Juan County

P.O. Box 39
Hwy 162
Meadowbrook Lane
Montezuma Creek, UT 84534
(435) 820-0090

Uintah Basin

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