

Consumer Number: _____
Contact Person: _____

Number of Dependents _____

8. How did you hear about OPTIONS? _____

9. What is your disability (ies) _____

How does your disability limit your independence _____

10. Do you currently receive a cash benefit from Social Security Disability Income (**SSDI**)

Currently allowed benefits – Amount received \$ _____

Not an applicant

Application Pending

Denied benefits – reason _____

Benefits discontinued – Date _____

11. Do you currently receive a cash benefit from Supplemental Security Income (**SSI**)

Currently allowed benefits – Amount received \$ _____

Not an applicant

Application Pending

Denied benefits – reason _____

Benefits discontinued – Date _____

12. Do you currently receive retirement income from the Social Security Administration (**SSA**)

Amount received \$ _____

Not an applicant

Application Pending

Denied benefits – reason _____

Benefits discontinued – Date _____

13. Do you receive **Medicaid**

No Yes – Amount \$ _____

General Assistance

No Yes – Amount \$ _____

Temporary Assistance to Needy Families (**TANF**)

No Yes – Amount \$ _____

Other **Public Support**

No Yes – Amount \$ _____

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14. Are you currently or have you ever received Vocational Rehabilitation Services
[] No [] Yes – when _____
Did you receive the help you needed _____
15. Have you been in the Military [] No [] Yes [] Eligible for Veterans Benefits
If yes, do you know how to access Veteran Services [] No [] Yes
16. What is your level of education _____
Are you currently attending school: [] No [] Yes – School _____
Have you ever had or been eligible for an Individual Education Plan (IEP): [] No [] Yes
17. What are your living arrangement _____
18. Are you currently working [] No [] Yes – hours work per week _____
19. Do you have services available to you from any of the following:
Medicare [] Medicaid [] Private Insurance []
Easter Seals [] Shriners [] Muscular Dystrophy []
M. S. Society [] Religious Org. [] Vocational Rehabilitation []
Family/Friends [] Veterans Admin. [] United Cerebral Palsy []
Fraternal Org. [] Other [] specify _____
20. What is the primary source of your income/support at this time _____

21. Do you feel safe in your home: [] No [] Yes
22. What are your current needs and how can OPTIONS help: _____

The information contained in this application is true and correct to the best of my knowledge. I understand OPTIONS for Independence has an obligation to keep my personal information, identifying information, and my consumer service records confidential. Permission is granted

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for OPTIONS for Independence (IL Coordinator) to make inquiries that might be necessary to verify the statements made in this application. In applying for independent living program services, I understand there is a need to collect personal information.

I understand consumer service record information is necessary to determine eligibility and, therefore, mandatory. Failure to provide requested information may result in a determination that I am not eligible for independent living program services.

I understand I have the opportunity for a timely review of any dissatisfaction with a determination made by my Independent Living Coordinator concerning the furnishing or denial of Independent Living services by contacting:

Cheryl Atwood, Executive Director at 435-753-5353.

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

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

Consumer/Guardian/Representative Signature

Date Signed

Would you like to register to vote? No Yes This information will not affect your eligibility.

If you have questions, regarding this application contact OPTIONS at 435-753-5353.

Please return this completed form to:

OPTIONS for Independence
106 East 1120 North
Logan, UT 84341

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