

# Social Skills/Support Group Application

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Is applicant in school? Yes \_\_\_ No \_\_\_

If yes, give school and district name \_\_\_\_\_

Date of last IEP \_\_\_\_\_

If no, give date of graduation \_\_\_\_\_

Is applicant receiving any post school services?

For example, CMH, MRS. \_\_\_\_\_

Has applicant had a Person Centered Planning Meeting?

Yes \_\_\_ , (give date) \_\_\_\_\_ No \_\_\_

Is applicant employed? Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_

Where is applicant living? \_\_\_\_\_

How long have they lived there? \_\_\_\_\_

Does the applicant have a support person? Yes \_\_\_ No \_\_\_

If yes, give name and phone number. \_\_\_\_\_

Does applicant have any physical or health problems.

If so please list. \_\_\_\_\_

Does applicant have any social or behavioral issues.

If so please list. \_\_\_\_\_

