

**7. MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**8. FINANCIAL INFORMATION:**

Source of Income	Amount	Source of Income	Amount
PA	_____	PENSION/RETIREMENT	_____
SSI	_____	FOOD STAMPS	_____
SSD	_____		

**9. CRIMINAL HISTORY:**

Have you ever been **convicted** of a **misdemeanor** in any jurisdiction? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_  
Have you ever been **convicted** of a **felony** in any jurisdiction? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_  
Do you have any pending criminal charges in any jurisdiction? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_  
Are you currently on **probation**? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_  
Are you currently on **parole**? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_  
If yes, for what? \_\_\_\_\_

**10. FAMILY INFORMATION:**

Spouse \_\_\_\_\_ # of children \_\_\_\_\_  
Parents \_\_\_\_\_ Phone # \_\_\_\_\_  
Current family contacts \_\_\_\_\_  
In case of an emergency, notify: \_\_\_\_\_

**11. HOUSING INFORMATION:**

Present: \_\_\_\_\_ Projected: \_\_\_\_\_

**12. EDUCATIONAL/VOCATIONAL INFORMATION: List name of school/program or employment:**

\_\_\_\_\_

**13. DOES THE APPLICANT HAVE AN OPEN ACCES-VR CASE? YES NO**

Name of Counselor: \_\_\_\_\_

**14. ARE YOU CURRENTLY RECEIVING SERVICES FROM ANY OTHER AGENCY? YES NO**

If so, who? \_\_\_\_\_

**15. IS THE APPLICANT CURRENTLY RECEIVING SERVICES THROUGH OPWDD? YES NO**

Medicaid Service Coordinator: \_\_\_\_\_

Enrolled in waiver? YES NO

**16. SIGNATURE OF REFERRING AGENT:** \_\_\_\_\_

TITLE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_