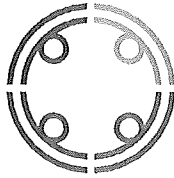


Application for MH/DD Services



CICS

Supporting Individuals. Strengthening Communities.

Application Date: _____ Date Received by Office: _____ CSN ID: _____

First Name: _____ Last Name: _____ MI: _____

Other Names Used: _____ Email: _____ Birth Date: _____

Ethnic Background: White African American Native American Asian Hispanic Other _____

Sex: Male Female US Citizen: Yes No

If you are not a citizen, are you in the country legally? Yes No

SSN # _____ Marital Status: Never married Married Divorced Separated Widowed

Legal Status: Voluntary Involuntary-Civil Involuntary-Criminal Probation Parole Jail/Prison

Primary Phone #: _____ May we leave a message? Yes No

Current Address: _____
Street City State Zip County

When did you move here: _____

I live: Alone With Relatives With Unrelated Persons

Use as current mailing address: Yes No If not, _____

Previous Address: _____
Street City State Zip County

When did you move here: _____ End Date: _____

Current Service Providers:

	Name	Location
1.	_____	_____
2.	_____	_____
3.	_____	_____

Current Residential Arrangement (check applicable arrangement):

Private Residence Foster Care/Family Life Home Correctional Facility Homeless/Shelter/Street
 Other _____

Veteran Status: Yes No Branch & Type of Discharge: _____

Dates of Service: _____ to _____