



Application for Service

If you are contacting The Arc, Upper Valley about an individual with an intellectual or developmental disability (other than yourself), we will ask the individual to contact us directly, (with your support, as needed) unless you are the parent of a minor child, guardian or other authorized representative.

Self-Advocate (Person Receiving Services)

Date of Birth _____

Name of Self-Advocate _____

Address _____ City _____ State _____

County of Residence _____ Zip Code _____ Phone _____

E-mail Address _____

Gender: Male Female

Disability Type (check all that apply):

- ASD (Autism Spectrum Disorder) Down syndrome Cerebral Palsy
FASD (Fetal Alcohol Spectrum Disorder) Fragile X syndrome
Other intellectual/developmental disability (specify) _____

Race:

- White Black/African American American Indian or Alaska Native
Hispanic/Latino Asian Native Hawaiian/Pacific Islander
Other (describe) _____

Ethnicity:

Are you of Hispanic or Latino background? Yes No

Primary language: _____

If an interpreter is needed, please describe the needed accommodations:

Living Arrangement:

Group Home ISLA (Independent Supported Living Arrangement)

Nursing Home Family Home Private Home

Other (describe) _____

Number of people in household _____

Monthly Household Income \$_____ Is the Self-Advocate a female Head of Household? Yes No

Sources of Household Income:

SSI SSDI Wages Public Assistance

Other (describe) _____

Parent/Guardian/Authorized Representative

Check One:

Parent Legal Guardian Custodian

Other (describe) _____

Name _____

Agency (if applicable) _____

Address _____ City _____ State _____

Zip Code _____ Preferred Phone Number _____

E-mail Address _____

NOTE: Documentation required to prove guardianship or authorized representative (unless Self-Advocate is a minor).

Case Management:

Caseworker Name _____ Phone _____

Agency _____

Are you requesting one of the following (check all that apply):

Thrift Store Voucher

Employment Assessment

Gift of Sight Program Referral

Support Group

Advocacy Program

Other (describe concern below)

Description of Primary Concern (reason for contacting The Arc, Upper Valley):

Type of Service Requested from The Arc, Upper Valley:

List any deadlines you have:

Names of other agencies assisting you:

The Arc, Upper Valley Terms of Service

By signing this document, I am indicating that I have read, understand and agree with the Terms of Service for The Arc, Upper Valley outlined below.

I understand that representatives of The Arc, Upper Valley are not attorneys and are not authorized to act as attorneys. This means they may not represent me or my custodian (the Self-Advocate) at a due process hearing, or at any other court proceeding. This also means that representatives of The Arc, Upper Valley are not able to make arguments, prepare written briefs, or question witnesses during any administrative or court proceeding on my behalf. Should I require an attorney, I understand that The Arc, Upper Valley may refer me to one, but will not guarantee any representation of an attorney. I understand that the selection and hiring of an attorney, including the costs related to attorney services, will be my sole responsibility.

I understand and agree that The Arc, Upper Valley reserves the right to consult with the organization's independent legal counsel, and/or my legal counsel, before agreeing to participate in any legal or administrative proceeding or before providing any sworn statements, testimony, or evidentiary items related to a legal or administrative proceeding. I UNDERSTAND AND AGREE THAT THE ARC, UPPER VALLEY CANNOT GUARANTEE ANY PARTICULAR OUTCOME OF SERVICES PROVIDED.

I understand and agree that I am working with The Arc, Upper Valley to represent the interests of the Self-Advocate aka "Person Receiving Services" listed above on page 1 of this agreement and whose signature is provided below. I understand that, if I am a parent or guardian, The Arc, Upper Valley does not represent my interests. If I am a parent or guardian, I understand and agree that my interests may generally be the same as the Self-Advocate, however The Arc, Upper Valley may make recommendations that may not coincide with my wishes or interests. I understand and agree that if I do not agree with any action or recommendation from The Arc, Upper Valley, any services from The Arc, Upper Valley relating to the issue in conflict will terminate. The Arc, Upper Valley agrees that it will not aid any entity in an action against a parent or guardian of a Self-Advocate that The Arc, Upper Valley provides services for, unless the safety or health of the Self-Advocate is endangered in any way.

I understand that the staff of The Arc, Upper Valley are "mandated reporters" of abuse or neglect, and are ethically bound to report serious concerns to the appropriate authorities.

I understand that if I request assistance, The Arc, Upper Valley will try to help connect me with resources and supports to remedy an unsafe situation for me or my custodian.

I understand that any recommendations made to me by The Arc, Upper Valley for organizational service providers or professional services of any kind are not a guarantee of satisfaction with said service providers. I agree that it is my responsibility to select service providers based upon my own assessment of suitability, and that payment arrangement for their services are my responsibility.

I understand and agree that The Arc, Upper Valley may work in collaboration with any service providers I wish, as long as I provide required releases.

Please sign below to indicate that you understand and agree with the Terms of Service.

Name of Self-Advocate (please print)

Signature

Date

Name of Parent/Guardian/Custodian (please print)

Signature

Date