



*They should always have a friend to turn to and an equal opportunity at employment.
We are here to support you and to create friendships along with opportunities.*

Together on Disabilities

APPLICANT'S INFORMATION

Applicants Full Name _____

Applicants DOB _____ Phone# _____

Applicants Address _____

Applicants Mailing Address _____

Applicants Favorite Hobbies _____

PARENT OR GUARDIAN'S INFO OF APPLICANT

Parent's/Guardian's Full Name _____

Full Address _____

Mailing Address _____

Language fluent in _____ Date of disability _____

Form of disability _____

Tell me a little about applicant.

Does the applicant have any triggers? **Yes** **No**

If yes, list most of them as possible.

Does the applicant have more than two friends they socialize with regularly? **Yes** **No**

Does the applicant currently participate in any programs **or** are part of any programs such as *TMI, Sails, Inland Regional, etc.* *If yes, which ones?*

Is the applicant household currently in need of groceries, assistance with utility payment, etc. **Yes** **No**
If yes, what?

If the applicant is selected will he or she and guardian be able to participate in fundraising and volunteering?
Yes **No**