



**EXPLANATION OF MEDICAL CONDITIONS**


**EMPLOYMENT /DAY PROGRAM HISTORY**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Job/Day Program Description \_\_\_\_\_

Length of Employment/day program \_\_\_\_\_

Do you receive SSI/SSA/SSDI?  Yes  No

Do you receive Medicaid Personal Care Funding?  Yes  No

A client of the Division of Developmental Disabilities  Yes  No

**LIST CIRCLE OF SUPPORT (Friends, relatives, groups, church...)**


**HOBBIES, INTERESTS, SPORTS, ETC.**


- 1. Does your son or daughter currently live in the family home?
- 2. Has your son or daughter ever lived away from you?
- 3. Why do you want to apply for consideration in being selected to live at the Issaquah home?


- 4. Please list 3 references names, addresses and phone numbers:


\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE