

Social Coaching Group Application

Please fill out all of the following information

Which semester are you applying for?

Fall

Spring

Personal

Applicant's Name				Т	oday's Date
					/ /
First	Middle	Last	e S	Suffix MM	1 DD YYYY
Applicant's Primary	y Address				
Street Name					
Address Line 2					
Apt, Floor, Suite, etc.					
City	State		Postal / Zip Co	de	
Phone Number	Email		Gender		Applicant's Birth Date
			Male	Female	/_/ MM DD YYYY

Education, IEP, PCP

Is applicant in school? Yes No If no give date of graduati	If yes, name of school	Date of Last IEP	
/ MM DD YYYY Is applicant receiving any	post secondary services?		
Does applicant have a Per Yes No	son Centered Plan?	If yes give date // MM DD YYYY	

Employment and Living Arrangements

Is applicant employed?	If yes, where
Yes No	
Does applicant have a resume?	How long have they lived there?
Yes No	How long have they lived there?
Where is applicant living?	

Transportation

Does appli	cant drive?	Can applicant use public transportation?
Yes	No	Yes No

Does applica	Does applicant have a support person?			
Yes	No			
If yes, give ı	name and phone number.			
First	Middle	Last	Phone Number	

Other

Does appli	cant have any physical or heal	th problems? Social or beh	avioral issues?		
Yes	No				
105	NO				
If so pleas	se list				
	Se list.				
Did some	one other than the applicant fil	I out the application?			
Yes	No				
165	NO				
T6 :+	newerships along ant your a	awa and contact informati	an have		
If it you a	nswered yes please put your n	ame and contact informati	ion nere.		
				//	
First	Middle	Last	Suffix	// MM DD YYYY	
First	Middle	Last	Suffix	MM DD YYYY	
First	Middle	Last	Suffix	MM DD YYYY	
First Street Name		Last	Suffix	<u>/ /</u> MM DD YYYY	
		Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name		Last	Suffix	<u>/ /</u> MM DD YYYY	
		Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name		Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name Address Li	ne 2	Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name	ne 2	Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name Address Li	ne 2	Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name Address Li	ne 2	Last	Suffix	<u>/ /</u> MM DD YYYY	
Street Name Address Li	ne 2 uite, etc.			<u>/ /</u> MM DD YYYY	
Street Name Address Li	ne 2		Suffix	<u>/ /</u> MM DD YYYY	
Street Name Address Li	i ne 2 uite, etc.			<u>/ /</u> MM DD YYYY	

Please indicate why you would like to join the Social Coaching Group?
Would you please tell us how you found out about our Social Coaching Group?

Office Use Only		
Date Received:		
	MM DD YYYY	
Comments:		

Please mail completed application to:

ASPPIRE PO Box 303 Holt, MI 48842-0303

To Fax application: 517-709-3696