



Enabled Arts Center Application for Admission (Revised 11/99)

DATE OF APPLICATION: _____ Referral Agency: _____
(Please complete both pages of application) Agency Contact Name: _____

Phone: _____
Name: _____
Street Address: _____
City, State, Zip: _____
E-mail Address: _____
Daytime Phone: _____ Evening Phone: _____
Message Phone _____
Date of Birth: _____ Social Security Number: _____

Residential Contact Name (If any): _____
Agency / Relationship _____
Daytime Phone: _____ Evening Phone: _____ Fax: _____
E-mail: _____

Case Manager: _____ Phone: _____
Fax: _____
Agency Name: _____
E-mail: _____

Guardianship Status: ' Self ' Plenary (Full) ' Other _____
Guardian Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____
Fax: _____ E-mail: _____

Person to Contact In Case of Emergency:

Street Address: _____
City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____

Primary Doctor:

Daytime Phone: _____ Evening Phone: _____

Hospital Preference:

Parents/Family Contact Name: _____
Street Address: _____
Daytime Phone: _____ Evening Phone: _____

Medications Taken:

Primary Diagnosis/Medical Condition or Precautions:

Billing Information: DD Waiver DVR ARCA

Other: _____ **Contact Name:** _____

Street Address: _____

Daytime Phone: _____

Fax: _____ **E-mail:** _____

Schools Attended:

Dates Name Address

Employment History:

Dates Name Address

Other Programs/ Institutions Attended (including present programs):

Dates Name Address

What are your expectations or expected outcomes in relation to receipt of these services?

Please note any particular personal care or other supports needed: _____

Applicant Signature: _____

Signature of person other than applicant completing this form: _____

Name: _____ **Relationship to Applicant:** _____

Daytime Phone: _____ **Evening Phone:** _____

VSA New Mexico is an equal opportunity agency and does not discriminate on the basis of disability, sex, race religion or national origin. **In case of accident or serious illness**, if neither parent nor emergency contacts are available, anyone who is seriously ill or injured will be taken to the nearest hospital. **PLEASE NOTIFY THE SERVICE MANAGER/CENTER DIRECTOR IMMEDIATELY IF THERE ARE ANY CHANGES TO THIS INFORMATION.**