



Grey areas are for completion by APD office staff only.

Area Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of APD Staff Person: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**1. Services Requested**

I am requesting the following services from the Agency for Persons with Disabilities:

\_\_\_\_\_  
\_\_\_\_\_

I am requesting participation in either the Family and Supported Living or the Developmental Disabilities Home and Community-Based Services Waivers.  Yes  No

**OR**

I am requesting to be served in an intermediate care facility.  
 Yes  No

**2. Person for Whom Support and Services Are Requested**

Name: \_\_\_\_\_  
(Last) (first) (MI) (Suffix)

SS#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Legal Status: \_\_\_\_\_  
(see instructions)

Preferred Language of Applicant/Guardian: \_\_\_\_\_

**3. Person Assisting Applicant**

Name: \_\_\_\_\_  
(Last) (first) (MI)

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person an active Community Based Care (CBC)/Child Welfare services recipient?  YES  NO

If Yes:  
Is he or she receiving out-of-home (foster care) services?  
 YES  NO

Is he or she receiving in-home (protective supervision) services?  
 YES  NO

**4. Residency:** Please check all that apply:

Florida Resident  US Citizen  Resident Alien

Place of Birth: \_\_\_\_\_  
(state) country)

To receive services from APD, the applicant must be domiciled in Florida, and be a U.S. citizen or resident alien.

Type of documentation provided to show residency and ID (birth certificate, Green Card, driver's license, school photo ID, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**5. Eligibility Assessments:**

I agree to participate in assessment(s) that may be needed to find out if I am eligible for services provided by APD.  
 Yes  No

Assessments Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



