Life Empowerment Support Services Inc. Internal Application for Service

Name					Date of B	irth					
	Address			Phone Nu							
Legal Status	egal Status Minor Child Independent Adult Dependent Adult										
Personal Contacts											
Guardian				Home Ph.		Work Ph.			Cell Ph.		
Address							En	nail			
Trustee				Home Ph.		Work Ph.		,	Cell Ph.		
Address							En	nail			
Funder				Home Ph.		Work Ph.			Cell Ph.		
Address							En	nail			
Requested Sup	ports										
Check all that applies											
Community Living Supports – Overnight: this support is 24/7 program that will include Community Access Supports.									Current Totals		
										CLS	ES
→ Employment Supports				Yes □ No		Total Un	nits:				
			→ School			Yes □ No		Grade:			
School:							New Totals				
Transitional Supports: Vos 🗆 No 🗀				School.					CLS	ES	
→ Transitional Supports: Yes □ No □											
Community Living Supports – Non-Overnight - Total Weekly Units:									Current Totals		
		\rightarrow	Community I	Living Suppo	orts	Yes □ No		Total Un	nits:	CLS	ES
		→	Employment	t Supports		Yes □ No		Total Un	nits:		
→ Transitio	→ Transitional Supports Yes □ No □							New Totals			
										CLS	ES

Units = how many hours you are requesting



Referring Agent						
Name	Phone Number					
Facility/Agency/Service						
Address						
Email	Fax					
Agent's Signature	Date of Referral					
Additional Comments						
Signature of Request						
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I, request Life Empowerment Support Services Inc. to request on behalf of me for changes in funding the purpose of establishing the appropriate support services for						
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Cignaturo	ato:					
Signature: Da	ate:					

Initial Approval: January 2013 Latest Review: October 2017

