



APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip code _____

Do you live in Lee County? Yes No

Do you live in a group home? Yes No

If yes, name of group home _____
Phone number _____

Phone _____

Email address _____

Emergency contact Name(s) _____

Phone number(s) _____

Do you require a Wheelchair? Yes No

Can you manage stairs on your own? Yes No

Do you have a disability (including age related disabilities)? Yes No

If yes, is your disability permanent? _____

*If temporary, please provide verification from your doctor showing a date, or the time frame, when your disability should end.

You **MUST** provide evidence of your disability, which may include:

- * SSI check
- * SSDi check
- * Living in a licensed group home
- * Verification from your doctor, licensed clinician, or specialized program