



REHABILITATION APPLICATION

1. NAME _____ 2. INDIVIDUAL NO. _____ 3. SSN _____
 4. MAIDEN NAME _____ 5. E-MAIL ADDRESS _____
 6. ADDRESS _____ CITY _____ ZIP CODE _____
 7. COUNTY _____ CODE _____
 8. PHONE # (H) _____ (W) _____ 9. GENDER MALE FEMALE
 10. DIRECTIONS TO HOME _____

11. RACE White Black/ African American Native American/ Alaska Native Asian
 Native Hawaiian/ Pacific Islander
 12. ETHNICITY: HISPANIC/ LATINO Yes No LANGUAGE PREFERENCE _____
 13. DATE OF BIRTH _____ AGE _____ 14. VETERAN Yes No
 15. MARITAL STATUS 1- Married 2- Widowed 3- Divorced 4- Separated 5- Single
 16. NUMBER IN FAMILY _____ 17. CONTACT PERSON(S) _____
 18. LIVING ARRANGEMENT/ CODE _____ REGISTERED TO VOTE Yes No

19. REFERRAL DATE _____ 20. REFERRAL SOURCE _____ CODE _____
 21. MAJOR DISABILITY _____ CODE _____
 22. SECONDARY DISABILITY _____ CODE _____
 23. VISION Right _____ Left _____ 24. FIELDS Right _____ Left _____
 25. SIGNIFICANTLY DISABLED Yes No 26. MOST SIGNIFICANTLY DISABLED Yes No

27. INCOME INFORMATION

A. WAGES

Applicant Earnings Week Before Application Gross _____ Net _____ Hrs. Worked _____
 Person _____ Amount _____
 Person _____ Amount _____

B. SOCIAL SECURITY (SSDI, SSI, OASI)

Applicant _____ Type _____ Amount _____
 Person _____ Type _____ Amount _____

C. PUBLIC ASSISTANCE (DSS Assistance from state/ local gov't, TANF)

Applicant _____ Type _____ Months _____ Amount _____
 Person _____ Type _____ Months _____ Amount _____

D. OTHER

_____ Amount _____

28. PRIMARY SUPPORT _____ CODE _____

29. TOTAL MONTHLY INCOME _____ AVAILABLE ASSETS _____

30. ECONOMIC NEED Yes No (If No, Complete DSB-4040)

FINANCIAL ELIGIBILITY DETERMINATION (Complete one of the following):

Yes, Meets Economic Needs Test Yes, SSI/SSDI Recipient Yes, Eligible for Extenuating Circumstances
 Yes, Applied Excess Income No, Doesn't Meet Economic Needs Test No, Didn't Report Income
 No, Doesn't Meet Economic Needs Test, No Cost Services

