

**Hanover Arc, Inc. APPLICATION FOR SERVICES**

P.O. Box 91 Ashland, VA 23005 Tel: (804) 798-2400 Fax: 798-0310 email Hanoverarc@aol.com

Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Ethnic Status: White \_\_\_ Black \_\_\_ Native American \_\_\_ Asian \_\_\_ Spanish \_\_\_ Other \_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Birthdate: \_\_\_\_\_ County of Residence: -  
\_\_\_\_\_

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

Parents/Caregiver \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Tel. \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Tel. \_\_\_\_\_

Father's Employer \_\_\_\_\_

Tel. \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Tel. \_\_\_\_\_

Check and complete the service sections below that you are applying for:

\_\_\_ **Adaptive Equipment:** Item requested: \_\_\_\_\_  
Cost: \$ \_\_\_\_\_ How much financial aid are you requesting for this item? \$ \_\_\_\_\_

\_\_\_ **Respite & Recreation:** What is the respite/recreation activity, when will it occur?  
\_\_\_\_\_  
Cost: \$ \_\_\_\_\_ How much financial aid are you requesting? \$ \_\_\_\_\_

\_\_\_ **Summer Educational Scholarships:** What is the educational program (name, location, dates)?  
\_\_\_\_\_

Cost: \$ \_\_\_\_\_ How much Scholarship aid are you requesting \$ \_\_\_\_\_

Current school \_\_\_\_\_ Teacher \_\_\_\_\_

\_\_\_ **Adult Recreation Services**

Check any of the following resources that the applicant is receiving:

\_\_\_ Temporary Assistance For Needy Families \_\_\_ Hanover Comm. Services Board Services

\_\_\_ SSI \_\_\_ SSDI and or SSA \_\_\_ MR Medicaid Waiver or Other Waiver

What is the family's (or adult's if over 18) total gross income per month? \$ \_\_\_\_\_

(Gross income includes all gross salaries, child support, alimony, welfare, pension, SSI, all other income sources)

Number of dependents \_\_\_\_\_

List present outstanding and/or unusual (not luxury items) expenses owed: \_\_\_\_\_

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Do you wish to join the Hanover Arc?  Yes, \$15 dues enclosed.  No

PHOTO/VIDEO AUTHORIZATION - I give  OR I do not give  permission to the Hanover Arc to use photos or videotapes of the applicant for public education, publicity, fund raising or other events.

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Applicant's Signature if over 18 years Date 200

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Parent/Guardian Signature Date 200