



"The People Company"

# AmeriServe International, Inc.

12600 N. 113<sup>th</sup> Avenue, Suite B-15  
Youngtown, AZ 85363  
623-584-3408

## AmeriServe International Inc. Application for Services

### Applicant Information

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt#  
City State Zip

AHCCCS # \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

### Current Placement Information

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Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Agency Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

### Eligibility Information

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County of legal settlement/Financial Responsibility: \_\_\_\_\_

Central Point of Coordination: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

DDD Support Coordinator: \_\_\_\_\_

Title XIX eligibility established?  Yes  No Authorization # \_\_\_\_\_

If no, date eligibility process was: Initiated \_\_\_/\_\_\_/\_\_\_ Completed \_\_\_/\_\_\_/\_\_\_

### Financial Information

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Financial Resources:

SSR Amt./Mo. \$ \_\_\_\_\_  SSDI Amt./Mo. \$ \_\_\_\_\_  
 SSI Amt./Mo. \$ \_\_\_\_\_  RR/Pension Amt./Mo. \$ \_\_\_\_\_  
 VA Benefits Amt./Mo. \$ \_\_\_\_\_  Other Amt./Mo. \$ \_\_\_\_\_

### Type of Service Requested

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- Individually Designed Living Arrangement (HAL)
- Habilitation - Group Home (HAB/RRB)
- Attendant Care (ATC)
- Habilitation Hourly (HAH)
- Day Treatment/Training (DAT/DAS)
- Transportation (DTT)
- Respite

**Reason for Referral to AmeriServe**

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**Desired Service Outcomes/Goals**

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**Presenting Issues and/or Concerns**

**Medical:** Seizures?  Yes  No  Controlled Type/Frequency: \_\_\_\_\_

**Other recurring medical issues:** \_\_\_\_\_

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**Behavioral:** \_\_\_\_\_

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**Self Care/Skill Development/Community Access:** \_\_\_\_\_


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**Referral Source Information**

Name: \_\_\_\_\_ 

Address: \_\_\_\_\_  
Street Address City State Zip

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Completing This Form*

\_\_\_\_\_  
*Date*