



Medical Assistance #:

Medicare #:

### Application for Target Services

Is the Individual a TY or a Transfer? \_\_\_\_\_

#### Individual's Information

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Living Situation: Independent w/ roommate(s) w/ family Group Home

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Guardianship status: Self Relative Other: \_\_\_\_\_

Annualized Implementation Date (AID), if applicable: \_\_\_\_\_

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GYfj jVWgz'ZUdd`jWUV`Y.

: i bX]b[ `gci fWV.``Á \_\_\_\_\_ CS / CP Waiver \_\_\_\_\_ State Funded \_\_\_\_\_ Private

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\_\_\_\_ Traditional \_\_\_\_\_ Self-Directed

Current Placement(s): \_\_\_\_\_

#### Target Services applying for this year:

\_\_\_\_ Meaningful Day Program: Day Program CDS Employment # hrs / days per wk

\_\_\_\_ Personal Supports # hrs / days per wk

Community Living (Group Homes - Carroll County only)

Do you plan to continue services with another provider agency? If so, list service(s) and provider(s):

\_\_\_\_\_

#### Medical/Behavioral Support

Allergies: \_\_\_\_\_ Quick Relief Medications Needed: \_\_\_\_\_

NKA

Diagnoses: \_\_\_\_\_

Any dietary restrictions?: \_\_\_\_\_

Communication Modality: \_\_\_\_\_

Level of Independence: Full Assistance Some Assistance Needed Independent

1:1 Requested? Yes No if yes, why? \_\_\_\_\_

Any medical supports needed? If yes, explain:

Any behavioral supports needed?  
Current BP? Yes / dev. by?:

If yes, explain:  
No

**Employment & Volunteer Experience(s) N/A**

Place of Employment: Job Title:  
Dates of Employment: Did you like this job? Why?  
Job Duties:

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Dates of Employment: Did you like this job? Why?  
Job Duties:

Volunteer Placement: Dates:  
Duties:

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**Employment Interests N/A**

Industry/job types of interest:

Ideal work environment/  
conditions:

Ideal work location(s): Ideal workdays:

Ideal hours: Preferred job tasks:

**Meaningful Day Interests N/A**

Does this individual enjoy educational classes?:

What places in the community does the individual enjoy going to?:

What does this individual want to pursue? (check all that apply):  
Volunteer Positions      Recreational Opportunities      Paid Employment      Classroom Learning      Job Readiness

**Interests & Preferences (hobbies, likes, dislikes, etc.)**

**General description of desired services**

**Additional Notes**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian/Personal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Application completed with the assistance of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Send the completed application to **services@targetcommunity.org** or by **mail to 111 Stoner Avenue Westminster, MD 21157.**

*A Target representative will make contact within 10 business days of receiving the application.*

**Target Use Only:**

Application sent to: \_\_\_\_\_ Date: \_\_\_\_\_