

Pathways to Employment Application

Date (mm/dd/yyyy):	Referred By:	Referral Contact Information (phone/email): <i>Required if "Referred By" is selected</i>
School Name:	Year Expected to Exit:	Applicant's Social Security Number:

Applicant's Name
First: _____ **Middle:** _____ **Last:** _____ **Suffix:** _____

Current Address
Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Date of Birth (mm/dd/yyyy):	Race:	Ethnicity:	Gender:
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Living Setting:

Natural Family

Residential Group Home - Agency Name _____

Shared Living - Name of SL Provider _____

Other - Please describe _____

Court-Ordered Legal Guardian: Yes* No *If yes, documentation must be attached

Name of Parent/Legal Guardian/Contact Person:
First: _____ **Last:** _____
Required if "Court Ordered" = "YES" *Required if "Court Ordered" = "YES"*

Contact Information:	Primary Phone: <i>(Must provide at least one)</i>	Cellular Phone:	Email Address:
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Would you like to apply for the Pathways to Employment Program? Yes No

Do you want to work? Yes No

Do you have Medicaid? Yes No

<p>Required Attachments:</p> <p><input type="checkbox"/> Diagnosis</p> <p><input type="checkbox"/> Psychological/Adaptive Assessment</p> <p><input type="checkbox"/> IEP (if applicable)</p> <p><input type="checkbox"/> Guardianship Documents (if applicable)</p>	<p>DDDS-eligible individuals also include the following:</p> <p><input type="checkbox"/> ICAP (if new to DDDS, provide date requested) _____</p> <p><input type="checkbox"/> Behavior Support Plan (if applicable)</p> <p><input type="checkbox"/> Person-Centered Plan (if applicable)</p> <p><input type="checkbox"/> Support Needs Document (if applicable)</p>
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Applicant Signature

Date

Parent/Legal Guardian Signature (if applicable)

Date

Email Completed Application to: DHSS_DDDS_Day_Employment@delaware.gov

