Program Services Application

Please return to Workforce Development Dept., c/o Workforce Solutions,
750 S. 23rd Street, Arlington, VA. 22202

Telephone (703) 521-4441 **FAX (703) 299-8395**

Linden Resources is an Equal Opportunity/Affirmative Action Employer. Linden does not discriminate on the basis of race, color, sex, religion, national origin, age, disability or veteran status in the provision of program services.

PLEASE INCLUDE THE FOLLOWING DOCUMENTATION FOR PROGRAM PLANNING:

MUST BE PROVIDED

- ☐ Psychological Evaluation/Psychiatric Report with diagnosis and signed by the doctor.
- ☐ Medical Reports pertaining to disability
- ☐ Guardianship Documentation, if applicable
- ☐ DRS Certificate of Eligibility (for DRS referrals)

REQUESTED

- ☐ Vocational Evaluation and/or Situational Assessment Reports
- ☐ Community Agency Program Reports/Discharge Summaries
- ☐ Social History or DRS Form RS 4-0
- ☐ Work History/Resume/SF 171 (if available)
- ☐ Medical Examination

TYPE OF SERVICES REQUESTED: Check all services that the individual requires.

- ☐ Facility-Based (Sheltered Employment)
- ☐ Community-Based (Group Supported Employment)
- ☐ Job Development, Placement & Training and/or Follow-Along
- ☐ Situational Assessment
- ☐ Travel Training

LEVEL OF SERVICE NEED: Check the appropriate level of service the individual requires.

☐ **Level I** – For Facility-Based or Community-Based Employment, requires on-going support and workforce services and requires few crisis intervention services. (Regular Daily Rate)

☐ **Level II** – For Facility-Based or Community-Based Employment, requires in-depth rehabilitative and/or frequent crisis intervention services. (Higher Daily Rate)

☐ **Level III** - Requires one-to-one specialized career development, including situational assessment, job development, placement & training, follow-along and/or crisis intervention services. (Hourly Rate)

	Date of Application:	
I. Personal Data		
Name:		S.S.#
Street Address:		
City:	State:	Zip:
Phone #:	Date of Birth:	

Primary Contact:		
Street Address:		
City:	State:	Zip:
Home Phone #:	Work Phone #:	

Do you have a court appointed guardian? _____ Yes _____ No If yes, what type of guardianship?		
Guardian's Name:		
Street Address:		
City:	State:	Zip:
Home Phone #:	Work Phone #:	

Are you a United States Citizen? ____ Yes ____ No	
If "no", are you eligible for work in the United States? ___ Yes ____ No If "yes", what type of documentation? ______________________________	
Please list other support services you receive as applicable.	
Counselor: Office: Phone #:	Therapist: Agency: Phone #:
Teacher: School Name: Phone #:	Case Manager: Agency: Phone #:
Residential Counselor: Agency: Phone #:	Type of Public Assistance (SSI, SSDI, etc.):

II. Medical Information
Primary Disability:
Secondary Disability: Other:
Assistive Devices: _____ Wheelchair _____ Walker _____ Cane _____ Hearing Aid _____ Glasses _____ Other ______________________
List any medical conditions (i.e. allergies, heart condition, diabetes) and/or physical restrictions (i.e. lifting, bending, standing, reaching, stamina):

III. Educational Background		
School Name & Address	Dates of Attendance	Grade Level or Degree

IV. Vocational/Employment History

Dates	Agency/Employer Name & Address	Position	Reason for Leaving

V. Miscellaneous Information

Have you ever been convicted of a criminal act? _____ Yes _____ No

If "yes", please give dates and describe.____

Are you currently, or have you ever been in a substance abuse program? _____ Yes _____ No

If "yes", please give dates and describe.____

Are you currently drug and alcohol free? _____ Yes _____ No

Are you covered by Medic**aid**? _____ Yes _____ No	Medic**aid** #: (12 digits)
Are you covered by Medi**care**? _____ Yes _____ No	Medi**care** #: (10 digits & letter)

Are you covered by a private insurance company? _____ Yes _____ No
Name of company:
Policy #:

VI. Referral Information

Referred By:	Title:
Agency:	Phone #:

Signature of Applicant:	Date:
Signature of Guardian (if applicable):	Date: