



YOUTH APPLICATION

Name _____

Phone (Home) _____ (Mobile) _____

Address _____
Street City State Zip

Grade _____ School _____ Date of Birth _____ M/F _____

Please check: Do you live: With parent/guardian _____ Independently _____ Independent living facility:

Parent/ Legal Guardian’s name: _____ Phone: _____

Please check: Do you have a legal guardian? Yes _____ No _____

What is your primary disability/diagnosis _____

Do you have any food allergies: Yes _____ No _____ Please explain _____

Will you need to take any medications during a meeting? Yes _____ No _____

Will you require assistance of aide/parent/legal guardian to take medications Yes _____ No _____

Do you use accommodations in your daily life Yes _____ No _____ **If Yes refer to page 2**

Are you verbal Yes _____ No _____

Do you need transportation to attend a meeting? Yes _____ No _____

Emergency Contact _____

Relationship to person _____ Contact phone _____

Agreement: By submitting this application, I affirm that I have read and understood the questions set forth in the application and have (if necessary) shared this information with my youth/young adult/ parent/legal guardian. All the information recorded above is considered confidential and will not be shared outside of PATH/FVCT.

Applicant Signature _____ Print: _____ Date _____

Parent/Legal Guardian Signature (If applicant under 18) _____ Date _____

ACCOMODATIONS

In order to attend meetings I will need accommodations such as:

- Assistance from an aide: Yes _____ No _____
- American Sign Language: Yes _____ No _____
- Language interpretation: Yes _____ No _____

Please specify language: _____

- Other accommodations: _____

Please note: Since funding for accommodations is extremely limited, it will be allocated on a first come, first serve basis and after the youth's other support services have been used.

Applicant Signature _____ **Print:** _____ **Date** _____

Parent/Legal Guardian Signature (If applicant under 18) _____ **Date** _____