

APPLICANTS MUST HAVE A DEVELOPMENTAL DISABILITY OR A FAMILY MEMBER WITH A DEVELOPMENTAL DISABILITY AND LIVE IN DURHAM COUNTY IN ORDER TO BE ELIGIBLE FOR FIRST IN FAMILIES.

To expedite the application process, please complete the entire application.

**First in Families of Durham County
... a Family Support Cooperative
Application**

Date: _____ ID # _____ Request # _____

Name of person request is for: _____

**Address: _____ Zip _____

**Date of their birth: _____ Sex: F M Race: _____

Home phone _____ Work phone: _____

Name & relationship of person making request: _____

Home phone: _____ Work phone: _____ Email: _____

What is your household income? \$ _____ /year Gross Net

Number of family members living in household: _____ # of adults: _____

Number of other family members with disabilities living in household: _____

Diagnosis or disability of person for which request is being made (please be specific):

How can this diagnosis be verified? ** _____

Please provide below the names and contact information for assisting professionals/ service providers working with you/ your family member so that FIFstaff are able to process your application in a timely manner.

Name : _____	Name: _____
Position: _____	Position: _____
Phone number: _____	Phone number: _____

Please describe in detail your need. Please be as specific as possible regarding your need. (Extra attachments are okay). ***For Community Bridging, please indicate PCP goal satisfied.***

FIF staff only:
FIF staff initials: _____ Verification by: _____ Date: _____

(over)

FIF application (cont.)

Please list all other resources and/or community agencies that support your family. (Check all that apply.)

- Case Management AFDC WIC Respite
- Medicaid Medicare SSI Counseling
- Occupational Therapy Speech Therapy Physical Therapy
- Vocational Services In-Home Nursing Early Intervention
- Developmental Pre-school Special Education

If application is for a child, please complete this box:

Child in day care? Yes Name of Day Care Provider: _____
 OR
 Child in school? Yes Grade & Name of School: _____

Please list agencies/ programs that you have contacted to help meet this specific need. _____

How did you hear about First in Families of Durham County? _____

As we try to develop a cooperative of families, community resources and businesses, please identify any talents or resources you are willing to donate to The Arc and the families we serve. Example: Swap two hours of childcare with a parent weekly, volunteer for Arc special events or provide clerical assistance to office staff.

By my signature below, I verify that the above information is accurate and can be confirmed. I also give my consent for this information to be shared with members of the First in Families (FIF) Project Management Team. I understand that I will be expected to participate in an evaluation process regarding my experience with First In Families and agree to do so.

Signature of responsible person is **required** (parent, guardian, or person with disability if over 18 years of age and is own guardian). If assistance is needed, call the number below.

 Date

Please complete ALL questions on the application to the best of your knowledge. If you need assistance answering any of the questions, need an alternate format of the application or have any questions regarding First in Families of Durham County, please contact:

Jane Johnson-Chavis, Executive Director **OR** Karon F. Johnson, Family Support Director
 (919) 493-8141, ext. 202 (919) 493-8141, ext. 203

Fax # (919) 489-3434
 The Arc of Durham County
 3500 Westgate Drive, Suite 303
 Durham, NC 27707