

**CRIPPLED CHILDREN'S RELIEF ASSOCIATION OF ORANGE COUNTY**

**ADULT APPLICATION**

**\*Referred by:** (name & org.) \_\_\_\_\_ (Title) \_\_\_\_\_ **\*Date** \_\_\_\_\_

**\*Print Client:** Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Language spoken at home \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_

**Income:** (wages, SSI, Soc. Sec. & other income) \_\_\_\_\_ Years on job \_\_\_\_\_

Partner's (wages, SSI, SS & other income) \_\_\_\_\_ Years on job \_\_\_\_\_

**Expenses:** Mortgage or rent \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Dental \$ \_\_\_\_\_ Finance Co. \$ \_\_\_\_\_

Credit cards \$ \_\_\_\_\_ Medications \$ \_\_\_\_\_ Other debts \$ \_\_\_\_\_ Hospitals \$ \_\_\_\_\_

Car 1: yr. \_\_\_\_\_ & make \_\_\_\_\_ mo. payment \$ \_\_\_\_\_ Car2: yr. \_\_\_\_\_ make \_\_\_\_\_ mo. Payment \$ \_\_\_\_\_

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Brief History & Nature of Problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Service Needed:** \_\_\_\_\_

**Provider:** \_\_\_\_\_ **Contact** \_\_\_\_\_ **Hours:** \_\_\_\_\_

(address) \_\_\_\_\_ (city) \_\_\_\_\_ (zip code) \_\_\_\_\_

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

**Cost of Service with discount:** \$ \_\_\_\_\_

**\*Investigated By (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Presented to Board of Directors: Date** \_\_\_\_\_ **By (signature)** \_\_\_\_\_

**\* Must be completed to present.**