

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.**