



INDEPENDENCE CENTER
3640 So. Sepulveda Blvd., Suite 102
Los Angeles, CA 90034
Phone (310) 202-7102 FAX (310) 202-7180

APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE

Date _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone () _____

Email Address _____

With whom are you currently living? _____

Date of Birth _____ Age _____ Soc. Security No. _____

Sex _____ Height _____ Weight _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone (Home) () _____ Office () _____

Nature and duration of major illnesses or hospitalizations during the past 5 years:

List all allergies _____

List all current medications _____



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Current Diagnosis _____

Current Psychiatrist, Therapist or Social Worker

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Dates of Treatment

Please list all medical facilities, mental health agencies and psychiatrists, psychologists, social workers or other therapists with whom you have had contact with in the past 5 years, and to whom we can send for records:

Name _____ **Address** _____

City _____ State _____ Zip _____ Dates: _____

Name _____ **Address** _____

City _____ State _____ Zip _____ Dates: _____

Name _____ **Address** _____

City _____ State _____ Zip _____ Dates: _____

Family Physician _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Health Insurance Company _____ **Policy #** _____

Education

Highest grade completed: _____

School Name _____ Dates Attended _____

Address _____



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City _____ State _____ Zip _____

Vocational Rehabilitation or Vocational Training Programs

Name _____ **Dates Attended** _____

Address _____

City _____ State _____ Zip _____

Reason for Leaving _____

Name _____ **Dates Attended** _____

Address _____

City _____ State _____ Zip _____

Reason for Leaving _____

For California Residents Only

Are you now, or have you been a Regional Center Client?

Yes _____ No _____ Dates _____

Name of Regional Center _____

Work Experience (Include volunteer jobs)

Name of Employer _____

Address _____

City _____ State _____ Zip _____

Reason for Leaving _____

Dates _____ Nature of Job _____ Salary _____

Name of Employer _____



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Address _____

City _____ State _____ Zip _____

Reason for Leaving _____

Dates _____ Nature of Job _____ Salary _____

Hobbies and Interests

REFERRAL SOURCE

Please indicate where or from whom you learned about INDEPENDENCE CENTER



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I hereby authorize disclosure of my records to staff and consultants of INDEPENDENCE CENTER, or any governmental agency which is involved with providing services to program participants.

Applicant's Name _____

Signature _____ **Date** _____

Parent/Guardian Name _____

Signature _____ **Date** _____
