

Pathways to Employment Application

Date (mm/dd/yyyy):	Referred By:	Referral Contact Information (phone/email):	
School Name:	Year Expected to Exit:	Applicant's Social Security Number:	

Applicant's Name
 First: _____ Middle: _____ Last: _____ Suffix: _____

Current Address
 Street: _____ City: _____ State: _____ Zip Code: _____

Date of Birth (mm/dd/yyyy):	Race:	Ethnicity:	Gender:
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Living Setting:

Natural Family

Residential Group Home - Agency Name _____

Shared Living - Name of SL Provider _____

Other - Please describe _____

Court-Ordered Legal Guardian: Yes* No *If yes, documentation must be attached

Name of Parent/Legal Guardian/Contact Person:
 First: _____ Last: _____

Contact Information:	Primary Phone:	Cellular Phone:	Email Address:

Would you like to apply for the Pathways to Employment Program? Yes No

Do you want to work? Yes No

Do you have Medicaid? Yes No

Required Attachments:	<input type="checkbox"/> Diagnosis	DDDS-eligible individuals also include the following:	<input type="checkbox"/> ICAP (if new to DDDS, provide date requested) _____
	<input type="checkbox"/> Psychological/Adaptive Assessment		<input type="checkbox"/> Behavior Support Plan (if applicable)
	<input type="checkbox"/> IEP (if applicable)		<input type="checkbox"/> Person-Centered Plan (if applicable)
	<input type="checkbox"/> Guardianship Documents (if applicable)		<input type="checkbox"/> Support Needs Document (if applicable)

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature (if applicable) _____ Date _____

Email Completed Application to: DHSS_DDDS_Day_Employment@delaware.gov

