

# Blue Ridge Opportunities

## Application for Services

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicaid# : \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the Individual have a Legal Guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

[Please provide documentation with this application]

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the Individual have a Next Friend or Authorized Representative? Yes \_\_\_\_\_ No \_\_\_\_\_

[Please provide documentation with this application]

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# Blue Ridge Opportunities

## Application for Services

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Does the Individual have a Support Coordinator with the CSB? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ CSB \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Where does the individual live? Independently \_\_\_\_\_ Supported Living \_\_\_\_\_ with Family \_\_\_\_\_  
Community Based Residential Program \_\_\_\_\_

Residential Program \_\_\_\_\_

Primary Residential Contact: \_\_\_\_\_ Position \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Why is the individual requesting Services at Blue Ridge Opportunities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred the individual for services? \_\_\_\_\_

How did you hear about Blue Ridge Opportunities? \_\_\_\_\_

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Does the Individual have a ID/D Waiver? Yes \_\_\_\_\_ No \_\_\_\_\_ IF yes, circle one. **BI** **FIS** **CL**

If No, is the individual on the ID/D Waiver Waitlist? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the Individual currently receiving other Waiver Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what Services? \_\_\_\_\_  
\_\_\_\_\_

Has the Individual attended a Day Support Program in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what program? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_  
\_\_\_\_\_

What School System did/does the individual attend? \_\_\_\_\_

What is the individual's primary disability? \_\_\_\_\_

What is the individual's secondary disability? \_\_\_\_\_

Does the individual have limitations with mobility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the individual have significant health or medical concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the Individual have seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last one: \_\_\_\_\_

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Does the individual need assistance with feeding themselves, toileting or other personal care tasks?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

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Does the individual have significant mental Health concerns? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Does the individual have a known history of trauma or abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Does the individual have any behavioral concerns Yes \_\_\_\_\_ No \_\_\_\_\_

Does the individual have a formal behavior plan or assessment? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the individual have a history of sexual predatory behaviors? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the individual have a history of severe aggression? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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If you have any questions about this application or need assistance completing it you can contact Cathy or Troy at 540-636-4960.

Please submit a signed consent to exchange information authorization signed by the individual, guardian, LAR or other persons as appropriate persons with this application.

Please email completed application and consent to exchange to [cheberle@broppportunities.org](mailto:cheberle@broppportunities.org) or by mail:

Blue Ridge Opportunities  
37 Water Street  
Front Royal, VA 22630.