



## APPLICATION FOR SERVICES

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Date of Hire

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ I-9Form (date received) \_\_\_\_\_

Address \_\_\_\_\_ P O Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does Consumer live at residence of care provider \_\_\_\_\_ yes \_\_\_\_\_ no

If no, please give name of contact at residence: \_\_\_\_\_

## LEGAL GUARDIAN

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ P O Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employment \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Date of Appointment as Guardian \_\_\_\_\_

Docket # \_\_\_\_\_

Copy of Guardianship papers – date received \_\_\_\_\_

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*Enriching Our Communities by Connecting Local Employers and Individuals With Opportunities to Succeed*

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