

GoldStar Learning Options Adult Participant Interest Form

Participant's Name _____ Date of Birth _____

Residential Information Host Home Family Home Group Home Lives Independently

Address _____ City _____ Zip Code _____

Email _____ Home Phone _____ Cell Phone _____

Are you your own guardian? Yes No

Parent/Guardian/Emergency Contact _____ Phone Number _____

Service Coordinator and CCB Information

North Metro Community Services Imagine Developmental Pathways

Developmental Disabilities Resource Center Envision Rocky Mountain Human Services

Service Coordinator _____ Phone Number _____

Email _____ Fax _____

Funding Source

Primary Insurance _____

SLS Waiver DD Waiver Private Pay Insurance

Other _____

I am interested in the following services

Living With Purpose Adult Day Program Supported Community Connector Behavior Line

Behavior Consultation Supported Employment/Job Coaching Respite (SLS only)

Homemaker Basic/Enhanced Mentorship Other _____

I am interested in receiving services at

Home Community Center-Based Other _____

Request for days and times that work best

Requested Start Date _____

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Diagnosis

