



www.gsloinc.com

7000 Broadway Unit 208

Denver, CO 80021

(303) 327-9738

goldstarlearningoptions@gmail.com

GoldStar Learning Options Adult Interest Form

GENERAL INFORMATION

Participant's Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip Code: _____

Residential Information: Host Home Family Home Group Home Lives Independently

Email Address: _____ Cell Phone: _____

Participant Is Own Guardian: Yes No

Parent/Guardian/Emergency Contact: _____

Email Address: _____ Cell Phone: _____

Parent/Guardian/Emergency Contact: _____

Email Address: _____ Cell Phone: _____

SERVICE COORDINATOR & CCB INFORMATION

North Metro Community Services Imagine Developmental Pathways

Developmental Disabilities Resource Center Rocky Mountain Human Services Other

Service Coordinator: _____

Email Address: _____ Phone: _____

FUNDING

Medicaid ID: _____

Funding Source: DD Waiver SLS Waiver State SLS Waiver Private Pay Mill Levy Other

SIS Level: _____

GOLDSTAR SERVICES OF INTEREST

Living With Purpose (LWP) Adult Day Program Supported Community Connector Mentorship

Behavior Services Homemaker Basic / Enhanced Respite (SLS Only)

Supported Employment / Job Coaching Other

SCHEDULING INFORMATION

Monday / Time _____ Tuesday / Time _____ Wednesday / Time _____

Thursday / Time _____ Friday / Time _____

Requested Start Date for Services: _____

PARTICIPANT INFORMATION

Medical Diagnosis: _____

Please Check All That Apply:

G-Tube Needs Daytime Medication Elopement/Wandering Challenging Behaviors

Bathroom Assistance Seizures Eating Assistance Changing Assistance

Communication Device Transfer Assistance Diabetes Needs Transportation Challenges