



Initial Application for Services

*Services for Deaf and Hard of Hearing Adults
with Additional Disabilities*

Today's Date: _____

Name of Applicant: _____

Address: _____

Phone: _____ TTY/Pager/VP: _____

Birthday: _____ SSN: _____

Name of Applicant's Legal Guardian / Contact Person:

Relationship to Applicant: _____

Best Contact Information: _____

Are you (the applicant) deaf/hard of hearing? _____

Tell us more about how you hope the KyADAPT program can help?

How do your disabilities affect your daily activities? _____

Do you need special supports/accommodations/help? If so, please explain:

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Applicant's Name: _____

Do you want to live with 1-2 other deaf/hard of hearing individuals in an apartment setting? _____

Feel free to give us any other information that would help us get to know the applicant better.

When KyADAPT services become available, we will contact you. At that time, we can discuss any questions you have as well as specific information about the services, medications, and individual needs. Until then, we hope you attend KyADAPT meetings and/or activities. You can keep up with us through the biannual newsletter mailed to all members. The KyADAPT website also has the latest information on activities as well as our contact numbers.

Name of person filling out this form (if different than the applicant):

please print clearly

Signature: _____ Date: _____



KyADAPT is an independent living program in Danville, but it is open to people from across the state. We currently serve 3 people who live in their own apartments and receive support services. We plan to expand the program in the near future. Do you want to know more about KyADAPT services? Do you want to be on the KyADAPT waiting list? This will in no way commit you to accepting services when they are available.

We are a non-profit organization, committed to providing support services to deaf and hard of hearing adults who have additional disabilities. The KyADAPT program provides a sign language environment where everyone can understand and learn from each other.

If you are interested, or are the guardian of someone who might be interested in the KyADAPT program/services at some time in the future, please fill out and return the attached application. This gets your name on the KyADAPT waiting list.

Someone from KyADAPT will contact you, or your guardian, to get more information. Be sure to include who to contact and how to contact that person.

Debbie Martin

KyADAPT Chairperson

Pat Bruce

KyADAPT Director

KyADAPT Mission

To establish and maintain a model independent living program for deaf or hard of hearing adults who have additional disabilities and need some assistance with daily living and work skills. All aspects of programs and services will create safe environments where the participants have their functional and communication needs met and they are encouraged to do as much for themselves as possible so as to live full and enriched lives.

The program will provide:

full communication access with staff and peers

well-trained staff to assist the participants as needed

responsibilities and activities to promote a positive self-esteem

access to the community for work, church, recreation, appointments, etc

supervision, as needed