



**CERTS**

*Collaborative Effort to Reinforce Transition Success*

**Adult Action Center  
A Day Habilitation Program for Young Adults with Multiple Severe Disabilities**

**PRELIMINARY APPLICATION FOR SERVICE**

All information is considered confidential

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle

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

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Person Filling Out Application: \_\_\_\_\_  
Name Relationship to Applicant

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Applicant lives with: (include names and relationship to applicant)  
\_\_\_\_\_

Group Home?: \_\_\_\_\_

**Nature of Applicant's Disability**

Diagnoses: Primary \_\_\_\_\_

Secondary \_\_\_\_\_

Age at onset of disability: \_\_\_\_\_

**DDDS Status**

Applicant eligible for DDDS services/ICAP Assessment completed?: Yes No In progress (circle one)

Name of DDDS Case Manager: \_\_\_\_\_

Is the applicant currently attending an adult program? Yes No (circle one)

If yes, which one? \_\_\_\_\_

**Please return to:** CERTS, Inc. 13 Independence Way, Newark, DE 19713, Attn: Vivian Davis, Exec. Director