Asperger/Autism Network (AANE)

Application Form | Date:

APPLICANT INFORMATION

Last Name:	First:	M.I.	Date of Birth:
Street Address:		Apt/Unit#	
City:	State:	ZIP:	
Phone#	Cell#		
Email Address:			
Are you currently: Working -☐ Yes ☐ No	In School - ☐ Yes ☐ No	Other:	
Are you living: ☐ With parents	☐ On your own	☐ With spouse	☐ Other :
Do you drive? ☐ Yes ☐ No	Do you have access to a car? ☐ Yes ☐ No	Gender :	
Ethnicity:			
☐ White (non Hispanic)	☐ Black (non-Hispanic)	☐ Native American or Alaskan Native	
☐ Hispanic or Latino	☐ Asian or Pacific Islander	☐ Other: (please specify)	
What is your annual income? $			
Does your family or someone else help supplement your income? ☐ Yes ☐ No			
If, YES, indicate approximate annual amount: $			

DIAGNOSIS AND TREATMENT

Please indicate present diagnosis:	☐ Asperger Syndrome	☐ High Functioning Autism
☐ Pervasive Developmental Disorder (PDD)	☐ Other :	
Diagnosis made by:	Age at Diagnosis:	
Street Address:	City:	State: Zip:
Phone#	May we speak to your doctor? ☐ Yes ☐ No	
Do you receive housing/rental support: Yes / No		
☐ Section 8	☐ Group Home	☐ Private Subsidized Housing ☐ Other:
Please check off any benefits, services you are receiving:		
☐ SSI ☐ Common Health	☐ MRC ☐ Mass Health	☐ SSDI ☐ DDS ☐ DMH ☐ Other
Are you working with other professionals such as a therapist, coach, speech therapist etc.? ☐ Yes ☐ No		
If YES, please indicate name and setting: ☐ Group ☐ Individual		
If YES, please indicate name and specialty:		
Do you have a primary care physician? ☐ Yes ☐ No	Date of last appointment:	

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HOW DID YOU LEARN ABOUT THIS PROGRAM?

INTERESTS

GOALS

Name 1 or 2 things you would like assistance with: For example; setting up a system to pay bills, managing appointments, organizing living space, accessing social opportunities, filling out forms, finding and maintaining employment, identifying campus supports, etc.

1

2

TO WHICH PROGRAM ARE YOU APPLYING?

☐ LifeMAP Foundation	☐ LifeMAP for Teens	☐ CollegeMAP
☐ InterviewPREP	☐ Practice Interview	☐ Work MAP

☐ Other

HISTORY (Conviction will not disqualify any applicant from participating in this program.)

Have you ever been convicted of a felony ? ☐ Yes ☐ No

If YES, explain the number of convictions, nature of offense(s) and how many recently such offence(s) was/were committed:

STATEMENT OF TRUTH

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not accepting me to participate or for immediate termination of participation in this program . I authorize the verification of any or all information listed above.

Signature of client:	Date:
Signature of person completing the application: (if other than the client)	Date: