

Application for Arc GLOW Service **Additions** or **Changes**:

Please use for anyone who is already receiving services from Arc GLOW.



Date Received _____

Person's Name: _____ <small>Last First MI</small>
Add or Change? I am interested in <input type="checkbox"/> Adding a New Service <input type="checkbox"/> Changing a Service
If any of the information below has changed , please complete. If not, please leave blank.
Address: _____
City: _____ Zip: _____ Phone: _____
Email: _____ Preferred Method of Communication: _____
Family/Involved Person: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____ Preferred Method of Communication: _____
Emergency Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____ Preferred Method of Communication: _____
If an addition of services, what is the name of the new service being requested? _____ OR if a change of service is requested: Current Service: _____ Changes Interested In: _____

Service currently enrolled in with Arc GLOW?

Are there any supports in your current program that are not currently there that would help you to stay in that program?

What has made you decide to look into changing services? _____

Completed by (please print): _____

Date: _____

Name of Care Coordinator: _____

Organization: _____

Email Address: _____

Phone: _____

This form does not require a signature.

Change of Services - Notes

Please feel free to add any other information or any additional information from the person interested in changing that you feel would be helpful. Thank you!

Return to: Jean Angililli jangililli@ArcGlow.org 18 Main Street, Mt. Morris, NY 14510

Services Examples		
	DAY & VOCATIONAL SERVICES	COMMUNITY & OTHER SERVICES
SERVICES	<ul style="list-style-type: none"> <input type="checkbox"/> Site based Day Habilitation <input type="checkbox"/> Community based Day Hab (Without Walls) <input type="checkbox"/> Site Based Pre-Vocational Programs <input type="checkbox"/> Community Pre-Vocational Programs <input type="checkbox"/> Supported Employment <input type="checkbox"/> Mental Health Employment Supports <p>These programs require admissions team review.</p> <p>If LIVES, additional application materials are needed.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Community Habilitation <input type="checkbox"/> Behavior Supports <input type="checkbox"/> Recreation <input type="checkbox"/> In Home Respite <input type="checkbox"/> Family Support Autism Support <input type="checkbox"/> Family Education & Training <input type="checkbox"/> Self-Direction <p>If behavior supports, additional application materials are needed.</p>