



Columbia County

Comprehensive Community Services

Columbia County Health & Human Services

2652 Murphy Road, P.O. Box 136

Application for Services

| | | | |
|-------------------------------|---------------------------------|--------------------------------|--|
| Name: | | Application Date: | |
| Date of Birth: | | Social Security Number: | |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | Marital Status: | |

| | | | |
|--------------------|--|---------------------|--|
| Address: | | | |
| Home Phone: | | Other Phone: | |

| | | | | | |
|----------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| Medical Assistance: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other Insurance: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes MA# | | | List Insurance: | | |

Reason why you are applying for CCS Services: _____

If applicable:

| | |
|-------------------------------|--|
| Parent or Guardian: | |
| Address:(if different) | |

Other household or family members of Support People

| <u>Name</u> | <u>Date of Birth</u> | <u>Relationship</u> | <u>Address (if different from applicant)</u> | <u>Phone Number</u> |
|-------------|----------------------|---------------------|--|---------------------|
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List other Service Providers (include family physician, social workers, therapists, etc.)

| <u>Name</u> | <u>Profession/Relationship</u> | <u>Address</u> | <u>Phone Number</u> |
|-------------|--------------------------------|----------------|---------------------|
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In case of emergency, contact:

| | | | |
|---------------|--|----------------------|--|
| Name: | | Relationship: | |
| Phone: | | Address: | |

CCS provides comprehensive assessment services. This includes completing the Children’s Long Term Support functional screen for children/adolescents and the MH/AODA functional screen for adults. These screens determine ones need for CCS services. Your signed application indicates your willingness to participate in this process.

Signature _____

Date _____

Signature of Parent or Guardian _____

Date _____