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## WORKER APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_

### PERSONAL INFORMATION

NAME: \_\_\_\_\_  
First MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M OR F (CIRCLE ONE) MARITAL STATUS: \_\_\_\_\_

U.S. CITIZEN: Y OR N (CIRCLE ONE)

IS APPLICANT OWN LEGAL GUARDIAN? Y OR N (CIRCLE ONE)

IF NO: GUARDIAN NAME(S)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

#### **\*ATTACH COPY OF GUARDIANSHIP PAPERS\***

PRIMARY DISABILITY:

CAUSE (CONTINGENTIAL, TRAUMA, GENETIC): \_\_\_\_\_

SECONDARY DISABILITY:

SEIZURE DISORDER PRESENT: Y OR N (CIRCLE ONE)

IS APPLICANT AMBULATORY: Y OR N (CIRCLE ONE)

IF NO, PLEASE DESCRIBE LIMITATIONS: \_\_\_\_\_

HEARING PROBLEMS? Y OR N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: \_\_\_\_\_

VISION PROBLEMS? Y OR N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: \_\_\_\_\_

PHYSICAL LIMITATIONS? Y OR N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: \_\_\_\_\_

SPECIAL NEEDS? Y OR N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: \_\_\_\_\_

NAME(S) OF ANY MEDICATIONS APPLICANT IS TAKING:

- |    |    |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |

**SCHOOL(S) ATTENDED**

**DATES**

_____	_____
_____	_____
_____	_____

**RESIDENTIAL PLACEMENT (HOME, INSTITUTION, GROUP HOME, ICFMR, ICF, SEMI-INDEPENDENT, INDEPENDENT, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

**PROGRAMS APPLICANT IS CURRENTLY INVOLVED IN:**

STATE-FUNDED WORKSHOP SERVICES: \_\_\_\_\_ IN-HOME SUPPORTS WAIVER: \_\_\_\_\_

WAIVER SERVICES-RESIDENTIAL: \_\_\_\_\_ WAIVER SERVICES-VOCATIONAL: \_\_\_\_\_

OTHER SERVICES (PLEASE LIST): \_\_\_\_\_

NONE: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER STREET APT. NO.

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER STREET APT. NO.

