

## MISSION: *Creating Opportunities for All People with Disabilities!*



**NOWCAP Services' Statement of Quality** is the core belief that guides the actions and attitudes of the organization. It represents the core priorities in the organization's culture, including what drives those priorities and how they are truly reflected within the organization.

- **A promise made is a promise kept.**  
NOWCAP Services builds and maintains trusting relationships through being honest and acting with integrity.
- **Every person is unique.**  
NOWCAP Services creates individualized opportunities for people with disabilities.
- **Teamwork is the key to each person's success.**  
NOWCAP Services' employees are dedicated to meeting the needs of each person who is served and treat every stakeholder in a professional and ethical manner.
- **Together everyone achieves more.**  
NOWCAP Services values the positive relationships we foster within the communities we serve.



## ***Thank you for your interest in applying for services with NOWCAP Services!***

*Step 1.* Meet with a Community Services Director or Assistant Director to discuss your needs, interests and NOWCAP Services availability.

*Step 2.* A Participant Handbook will be provided which describes services, days and hours of services, expectations of participation, grievance procedure and other applicable topics of receiving services with NOWCAP Services.

*Step 3.* Complete NOWCAP Services Application for Services and return to the Director or Assistant Director you made contact with. This person will be your point of contact throughout the process. This person will ask for information pertaining to your background and needs as part of the application process.

*Step 4.* If you have not had a tour of the services and locations you are interested in, one will be conducted at this time.

*Step 5.* During the application period, a member of the NOWCAP Services management team may come visit you in your home or at your current service provider's location.

*Step 6.* Upon receipt of necessary information and visitation, the NOWCAP Services Administration Team will meet to ensure we can meet your needs and expectations. We will also determine if we have the proper resources to meet your needs.

*Step 7.* A decision will be made to either accept you into services and begin the transition process or, if necessary, we may put you on a wait list. If we determine that we will not be able to meet your needs at this time then we will make referrals to resources that will meet your needs.

***We look forward to working with you and your team!***



# NOWCAP SERVICES APPLICATION FOR SERVICES

Date: \_\_\_\_\_

Date of Tour: \_\_\_\_\_

Services Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Secondary #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Race: \_\_\_\_\_

SS#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Medicare #: \_\_\_\_\_

Other Insurance Information:

\_\_\_\_\_  
\_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Ambulatory: YES or NO If NO; please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Communicates:      VERBALLY      SIGN LANGUAGE      GESTURES/SOUNDS      DEVICE

Therapies Received:    OT    PT    SPEECH    OTHER: \_\_\_\_\_

Distinguishing Characteristics:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_



# NOWCAP SERVICES APPLICATION FOR SERVICES

Case Manager Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Prescribed By</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Needs/Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

# NOWCAP SERVICES APPLICATION FOR SERVICES

Seizure Disorder:      YES      or      NO

If YES; Please describe what happens before, during, and after a seizure:

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Frequency:      RARELY      MONTHLY      WEEKLY      DAILY

Behavioral Needs/Concerns:

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Do you have Verbally Acting Out Behaviors:      YES      or      NO

If YES; Please describe what happens before, during, and after a verbal behavior:

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Frequency:      RARELY      MONTHLY      WEEKLY      DAILY

Do you have Physically Acting Out Behaviors:      YES      or      NO

If YES; Please describe what happens before, during, and after a physical behavior:

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Frequency:      RARELY      MONTHLY      WEEKLY      DAILY

# NOWCAP SERVICES APPLICATION FOR SERVICES

Transportation needs that you would be requesting NOWCAP Services to facilitate on a regular basis (Therapies, Work, School....):

<u>Destination</u>	<u>Days Needed</u>	<u>Times Needed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you able to access public transportation: YES or NO

If YES; can you access CATC or The Bus or Both:

\_\_\_\_\_

Are you able to be unsupervised for periods of time throughout the day: YES or NO

If YES; please describe the amount of time you may spend alone without staff supervision in the following settings:

Home: \_\_\_\_\_

\_\_\_\_\_

Community: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Administrative Use Only)

Date Received: \_\_\_\_\_ Person Receiving: \_\_\_\_\_

After review is this person being accepted to the NOWCAP Services program? YES or NO

If NO; Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date acceptance/declination letter was sent to the individual and/or their guardian: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_