



Application For Supports

8905 Fairview Road,
Silver Spring, MD 20910
www.seeonline.org

Supports You Are Interested in Applying For:

Please check (✓) to indicate what type of services you are looking for.

- Supports finding and keeping a job
- Supports accessing & participating in my community
- Supports increasing my independence at home
- Supports living on my own

Please check (✓) how you heard about SEEC

- School
- Transition Fair
- Website
- Friend
- Other (_____)

Applicant Demographic Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Date of Birth: _____ Male Female

Applicant Funding Information

Please check (✓) to indicate what type of funding you currently receive.

- MD-DDA
- DC-DDA
- Self-Directed (MD)
- MD-DORS
- DC-RSA
- Private Pay
- Ticket to Work
- Other: _____
- SSI (\$/month _____)
- SSDI: (\$/month _____)
- Medicaid: (type in MA #: _____)
- Medicare: (type in Medicare #: _____)
- Private Insurance: (type in Name & #: _____)

Should you have any Intake or Application questions, please reach out to jeusebe@seeonline.org



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Primary People In My Life

Name(s): _____

Cell Phone: _____ Email _____

Relationship: Parent Sibling Family Member Other (_____) (_____)

Other Important People: _____

Other Important People: _____

Guardianship Status

Please check (✓) to indicate whether someone has legal guardianship for you

Yes, I have a legal guardian (name _____) No

If yes, please indicate the nature of the guardianship

Full Limited Person Property Medical

Please provide documentation of the guardianship along with this application

Service Coordination/Coordinator of Community Services (if applicable)

Do you have a Coordinator of Community Services (MD) Yes No
Or Service Coordination (DC)

Name & Agency: _____

Work Phone: _____ Email: _____

If the applicant did not complete this application themselves, please note the individual assisting them to complete the form

Name: _____ Relationship: _____

Cell Phone: _____ Email: _____

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