Aging and Disability Resource Center of Dane County

DIRECTOR - JOHN SCHLUETER
DIVISION ADMINISTRATOR - ANGELA VELASQUEZ
ADRC MANAGER - JENNIFER FISCHER

Melissa Agard
Dane County Executive

SERVICE REQUEST FORM – ADULT WITH DEVELOPMENTAL/PHYSICAL DISABILITY

CURRENT DATE			
PERSON COMPLETING FORM		**PHONE**	
EMAIL ADDRESS			

PERSON TO RECEIVE SERVICE		**PHONE**	
CURRENT ADDRESS			
GENDER		**BIRTHDATE**	
RACE(S)	Select Race	**ADDITIONAL RACE(S)**	

IS THE PERSON CURRENTLY ENROLLED IN SCHOOL? Yes **If yes, enter school information below.**

SCHOOL'S INFORMATION	
NAME OF SCHOOL	

PARENT'S/SIGNIFICANT OTHER'S INFORMATION			
NAME		**RELATIONSHIP**	
ADDRESS			
EMAIL ADDRESS		**PHONE**	

IS THE PARENT/SIGNIFICANT OTHER THE PERSON'S LEGAL GUARDIAN? Yes

HEALTH INFORMATION	
MEDICAL PROVIDER	
ENTER DIAGNOSES BELOW	

CASE MANAGER/AGENCY			
NAME		**PHONE**	
EMAIL ADDRESS			

OTHER COMMENTS

Send completed form to:
ADRC – Attn High School Transition Team
2865 N. Sherman Ave, Madison, WI 53704

or via email to ADRC-HSTransition@danecounty.gov