

Pathways to Independence

- Learning Disability
- Processing Disorder
- Speech/Language Communication Disorder
- Borderline Intellectual Functioning (B.I.F.)
- Mild Intellectual Disorder (I.D.)
- Brain Injury
- Social Communication Disorder

Reason for Interest in the Pathways Program:

Why do you want to be involved with Pathways to Independence? _____

Do you currently receive social skill and community access training from another agency? If so, please list: _____

Financial Information:

The following information is needed when applying for grants that help sustain our organization:

Thank you in advance for supplying this information. Please circle the figure that represents your current TOTAL annual income from all sources:

Under \$5,000 \$5,001 to \$10,000 \$10,001 to \$15,000 \$15,001-20,000
\$20,001-\$25,000 \$25,001-\$30,000 Over \$30,000

I receive SSI or SSDI income as part of my annual income.

CASE MANAGEMENT

Are you a client of St. Louis Regional Center? Yes No Never Applied

If yes, who is your Case Manager: _____

What School District did you graduate from or attend? _____

HOUSING

What are your living arrangements?

- Live at home with parents or other family member
- Live in home or apartment by myself
- Live in home or apartment with roommates
- Live in group home or in building with 24-hour support from another agency

Do you receive Independent Supported Living Assistance (ISLA)? YES NO If yes:

Name of Agency: _____

Address: _____

Contact Person: _____ Phone Number: _____

EMPLOYMENT

Place of employment: _____

Address: _____

Work Schedule: _____

Do you receive employment services from any other agencies? YES NO

If so, please list: _____

Do you have a counselor with Vocational Rehabilitation? YES NO If yes:

Who is your VR Counselor? _____