



1. **Full Name:**_____

2. **If you are a Self-Advocate/Person with a developmental disability, please include name and contact info. Of support person who might assist you in this application process:**

3. **Preferred Pronouns :**

4. **Address:**_____

5. **City, State, Zip Code:**_____

6. **Phone Number:**_____

7. **E-Mail:**_____

8. **Services Received:**

I receive the following services from AHRC Nassau:

☐ Day Habilitation Services

☐ Employment Services

☐ Residential Services

☐ Respite Services

☐ Community Habilitation

☐ Family Supports

9. **Tell us about you:**

Please share some information about yourself. What are your interests? What activities do you like to do?

10. **Community Impact:**

How will this activity help you connect with your community? Will it help you try a new social role or build something you already

do?_____
