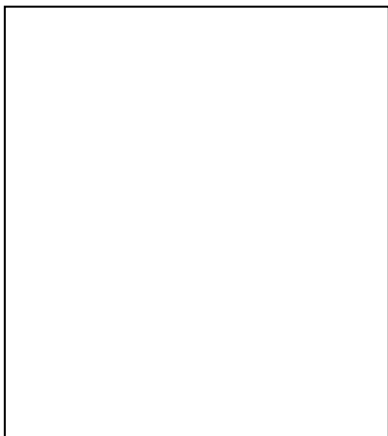


# IN SAFE HANDS



DATE OF APPLICATION: \_\_\_\_\_

PLEASE PROVIDE CURRENT PHOTOGRAPH WITH THIS APPLICATION. ATTACH PHOTO AT LEFT.

## SUBJECT NAME & INFORMATION

\_\_\_\_\_  
Last                      First                      MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt. Building Name                      Apt. #

\_\_\_\_\_  
Height                      Weight

\_\_\_\_\_  
DOB                      SSN(optional)

## PHOTO INCLUDED

Yes                      No

## HANDICAP/ILLNESS (optional)

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

## PARENT OR GUARDIAN

\_\_\_\_\_  
Last                      First                      MI

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_

## OTHER EMERGENCY CONTACTS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone                      Cell Phone

**SPECIAL NEEDS**

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**DOCTOR INFORMATION (optional)**

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**MEDICATIONS (optional)**

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**ABILITY TO COMMUNICATE**

Yes

No

If no, please explain the best form of communication to be used.

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**OTHER INFORMATION**

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