

**MADISON AREA  
REHABILITATION  
CENTERS, INC.** **MARC**  
APPLICATION

DATE \_\_\_\_\_

COMMUNITY EMPLOYMENT

MARC CENTER EMPLOYMENT

*Please print clearly. All information will remain confidential and will not be released except with your permission.*

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

TYPE OF RESIDENCE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL 1 \_\_\_\_\_

EMAIL 2 \_\_\_\_\_

ETHNIC BACKGROUND \_\_\_\_\_

SEX \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

MEDICAL ASSISTANCE NO. \_\_\_\_\_

MEDICARE NO. \_\_\_\_\_

ACS NO. \_\_\_\_\_

ADMISSION STATUS  NEW  RE-ADMISSION

PRIOR ADMISSION DATE \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DO YOU HAVE A COURT APPOINTED LEGAL GUARDIAN?  YES  NO

DATE APPOINTED \_\_\_\_\_

IF YES, NAME OF GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP \_\_\_\_\_

*\*PLEASE SUBMIT A COPY OF GUARDIAN PAPERS*

**INCOME, AMOUNT AND PAYEE**

_____	_____	_____
SS	VETERANS	SDI
_____	_____	_____
SSI	EARNED	
_____	_____	_____
TRUST	OTHER	TOTAL

**HISTORY**

	NAME & LOCATION	DATES	TYPE
EDUCATION			
EMPLOYMENT			
REHABILITAION PROGRAMS			

**FAMILY MEMBERS**

RELATIONSHIP	NAME	ADDRESS	PHONE

\_\_\_\_\_ PRIMARY DISABILITY      \_\_\_\_\_ SECONDARY DISABILITY      \_\_\_\_\_ TERTIARY DISABILITY

DO YOU HAVE A PHYSICAL, MEDICAL OR OTHER LIMITATIONS-LIFTING, ALLERGIES, ETC?

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

**MEDICAL**

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ ADDRESS      \_\_\_\_\_ CITY/STATE      \_\_\_\_\_ ZIP

LIST NAMES OF MEDICATIONS (IF ANY), WHEN TAKEN AND REASON FOR TAKING.

MEDICATION NAME	REASON FOR TAKING	TIME/DOSAGE

ADDITIONAL COMMENTS

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\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN

\_\_\_\_\_  
APPLICATION COMPLETED BY

\_\_\_\_\_  
DATE