

OUT AND ABOUT KENTUCKIANA, INC

APPLICATION

Before completing this application, please read the Guidelines for Participation to assure that the outing you are requesting qualifies.

Name of person requesting a community outing : _____

Sex: M / F Date of Birth _____

Address: _____

County _____ City _____ State _____ Zip _____

Telephone (Day) _____ Cell/other:) _____

Email (optional): _____

Have you ever been found guilty of a felony? Yes / No

What type of services do you receive now? Check all that apply

_____ Social Security Disability

_____ Medicare

_____ Medicaid

_____ Supplementary Security Income (SSI)

_____ Regional MR/DD Program List _____

_____ Medicaid Waiver : List _____

_____ Mental Health Program or Support Groups:

List _____

_____ Center for Accessible Living or a personal care attendant program

_____ HUD, Section 8 or other housing subsidy

_____ OTHER (Seven County Services, Dept. of Vocational Rehab, Dept. for the Blind, Commission for Deaf or Hard of Hearing, Skilled Residential Care or Assisted Living Center etc.)

List: _____

Briefly describe your barrier to community inclusion and integration:

☐ Physical ☐ Financial ☐ Emotional ☐ Transportation ☐ Lack of companionship ☐ Lack of knowledge regarding available leisure resources ☐ lack of permanent housing

Other: _____

Do you require or desire a companion to accompany you on your outing? Yes / No

If Yes, would you require Out and About Kentuckiana to cover the cost for this person to accompany you? Yes / No

If you do not have a companion that is able to join you, would you like Out and About to provide a companion? Yes / No / Not Applicable

Transportation:

How do you plan to get to your desired activity? _____

Do you require Out and About to pay for transportation? Yes / No OR to arrange transportation for you Yes/ No

Is there a specific request you have for a community outing? If so, please provide the following information:

Type of Outing: _____ Date for outing _____

Location/Address _____

If you do not have a specific request, please list at least 5 activities in Kentuckiana that you would be interested in participating in: Examples: (movie, museum, concert or live theatre, zoo, Mega Caverns)

References:

List two people that would be able to serve as personal references :

1. Name: _____ Phone # _____

Address _____

2. Name: _____ Phone # _____

Address _____

You must be willing to comply with one of the following for an Out and About Grant:

_____ Yes, I give permission to be photographed enjoying my activity and for this photograph to be used in Out and About publications and social media.

_____ Yes, I agree to complete and return to Out and About Kentuckiana, the attached stamped appreciation card provided

I understand that if I do not comply with one of the above, I will not be able to receive any additional grants from Out and About Kentuckiana.

Would you be interested in receiving newsletters, emails or other information from Out and About Kentuckiana Yes / No

I declare that the information contained in this application is true and I understand that Out and About Kentuckiana, Inc can confirm this information to make a determination about funding

Your Signature: _____ Date _____

If you received assistance in completing this form, please list the Name of the Person Completing this Form:

Print Name _____

Professional Title if

applicable: _____

"I certify that the information contained herein is true and correct to the best of my knowledge and ability."

Signature _____

Date: _____
