



Request for Services

I Information about the person requesting services

Name: _____ Birth date: _____

Current address: _____

Medicaid Number: _____

If not currently receiving Medicaid Waiver Services or is not eligible/enrolled in Medicaid, please describe either current status of the application for Medicaid or alternate arrangement status for payment of services.

Request for Services. Please check all that apply.

Individual Residential Alternative: _____

At Home Residential Habilitation Services: _____

Medicaid Service Coordination: _____

Additional Information/Comments: _____

II Contact Information

Person requesting services:

Phone Number: _____ Preferred time to be called: _____

E Mail Address: _____

Family:

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Preferred time to be called: _____

E Mail Address: _____

Service Coordinator:

Name: _____ Agency: _____

Address: _____

Phone Number: _____

E Mail Address: _____

Please indicate who should be contacted for initial conversations about this request for services: _____

Person Completing Request Date

Please Send to: Patrick McGrath, Executive Director
Grace Community Services
1788 Penfield Road
Penfield, New York
Phone and Fax: 585-672-2749