



2016-2017 APPLICATION

INDIVIDUAL'S NAME: _____ DATE OF BIRTH: ____/____/____
First M.I. Last

ADDRESS: _____
Street City State Zip

COUNTY _____ TELEPHONE _____ SOC. SEC. # _____

SEX _____ LEGAL GUARDIAN if any _____

RESIDENTIAL/DAY PROGRAMS _____

DESCRIPTION OF DISABILITY _____

FATHER'S NAME: _____ DATE OF BIRTH: ____/____/____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ DATE OF BIRTH: ____/____/____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL: _____

SPONSOR if not parents _____ DATE OF BIRTH: ____/____/____
First M.I. Last

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ EMAIL: _____

RELATIONSHIP: _____ COMMENTS: _____

Eligibility criteria include: (1) a diagnosis of developmental disability (2) individual residency in Maryland. Application shall be accompanied by documentation of disability or DDA Individual Plan. The Board of Directors approves admission based on the ability of the organization to serve the individual. *By Their Side*®, complies with all federal and state laws and regulations and does not discriminate on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin or ancestry, or disability.

A sponsorship fee (\$3000 for sponsors under the age of 65; \$3,500 for sponsors 65-74; \$4000 for sponsors 75+; \$1,800 for sibling sponsors, \$600 self advocates for advocacy plan only) is due within two years of acceptance. An application withdrawn prior to payment in full or a sponsor who join before the age of 65 is eligible for refund of fee minus \$300 administrative charge. A \$50 annual membership fee is due July 1st.

Sponsor(s) Signature _____ Date ____/____/____

_____ Date ____/____/____