



DIRECTOR – ASTRA IHEUKUMERE  
 DIVISION ADMINISTRATOR – ANGELA VELASQUEZ  
 ADRC MANAGER – JENNIFER FISCHER

**SERVICE REQUEST FORM – ADULT WITH DEVELOPMENTAL/PHYSICAL DISABILITY**

<b>CURRENT DATE</b>			
<b>PERSON COMPLETING FORM</b>		<b>PHONE</b>	
<b>EMAIL ADDRESS</b>			

<b>PERSON TO RECEIVE SERVICE</b>		<b>PHONE</b>	
<b>CURRENT ADDRESS</b>			
<b>GENDER</b>		<b>BIRTHDATE</b>	
<b>RACE(S)</b>		<b>ADDITIONAL RACE(S)</b>	

**IS THE PERSON CURRENTLY ENROLLED IN SCHOOL?** If yes, enter school information below.

SCHOOL'S INFORMATION	
<b>NAME OF SCHOOL</b>	

PARENT'S/SIGNIFICANT OTHER'S INFORMATION			
<b>NAME</b>		<b>RELATIONSHIP</b>	
<b>ADDRESS</b>			
<b>EMAIL ADDRESS</b>		<b>PHONE</b>	

**IS THE PARENT/SIGNIFICANT OTHER THE PERSON'S LEGAL GUARDIAN?**

HEALTH INFORMATION	
<b>MEDICAL PROVIDER</b>	
ENTER DIAGNOSES BELOW	

CASE MANAGER/AGENCY			
<b>NAME</b>		<b>PHONE</b>	
<b>EMAIL ADDRESS</b>			

OTHER COMMENTS

Send completed form to:  
**ADRC – Attn High School Transition Team**  
**2865 N. Sherman Ave, Madison, WI 53704**  
 or via email to [ADRC-HSTransition@danecounty.gov](mailto:ADRC-HSTransition@danecounty.gov)