



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

SERVICE REQUEST FORM – ADULT WITH DEVELOPMENTAL/PHYSICAL DISABILITY

CURRENT DATE		
PERSON COMPLETING FORM	PHONE	
EMAIL ADDRESS		

PERSON TO RECEIVE SERVICE			PHONE	
CURRENT ADDRESS				
GENDER			BIRTHDATE	
RACE(S)	A	DDITIONAL RACE(S)		

IS THE PERSON CURRENTLY ENROLLED IN SCHOOL?

If yes, enter school information below.

SCHOOL'S INFORMATION

NAME OF SCHOOL

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

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

HEALTH INFORMATION	
MEDICAL PROVIDER	
	ENTER DIAGNOSES BELOW

CASE MANAGER/AGENCY		
NAME	PHONE	
EMAIL ADDRESS		

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