

**Oklahoma Production Center
PO Box 774
Tahlequah, OK 74464
918-456-1929
Fax 918-456-1969**

Date of application: _____ Attn: Rachelle Deer

General Information

Name: _____

Social Security Number: _____ - _____ - _____

Mailing Address:

Street/Box: _____

City: _____ State: _____

Zip: _____

County: _____

Home: _____ Work: _____

Cell: _____

DOB _____ Place of

Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye

Color: _____

Marital Status: _____ Language Spoken: _____

Religion: _____

Identifying

Marks: _____

Medicare #: _____ Medicaid #: _____

Case Manager: _____

Current Residential Provider: _____

Parent or Guardian Information

Name: _____ Name: _____

Address: _____ Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Relationship: _____

Relationship: _____

What kind of services are you interested in:
(Check all that applies)

Vocational

Residential

Assisted Living