

☐ WEST
☐ NORTH

Lafayette Industries Application

☐ STEP UP
☐ JEFFCO

☐ LEGACY

Date application received: _____ Interview completed by: _____ Assessment Completed: Yes No
Date of interview: _____ Attach if completed

Applicant's Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Date of birth: _____ SSN: _____ - _____ - _____ E-mail address: _____

Diagnosis of disability: _____ **Please provide approved documentation.**

Dual diagnosis: Yes No If yes, list other: _____

Current residence type: Natural Home with Family Group Home Supervised Apt. Independent

Support Agency: _____ Agency Phone: (____) _____

Direct Care Staff: _____ Primary Phone: (____) _____

Alternate Phone: (____) _____

Mother's Name: _____ E-mail address: _____

Primary Phone :(____) _____ Alternate Phone :(____) _____

Address: _____ City: _____ Zip: _____

Father's Name: _____ E-mail address: _____

Primary Phone :(____) _____ Alternate Phone :(____) _____

Address: _____ City: _____ Zip: _____

Who is applicant's legal guardian?: Self Other (Through court proceedings only)

If other, documentation must be provided.

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Background

Where did/does applicant attend school?:

Name: _____ Address: _____

Completion/Graduation date: _____

Has applicant been employed at a job in the community or at another workshop?:

Name of Agency/Company: _____ Dates employed: _____

Responsibilities/Duties Performed:

Name of Agency/Company: _____ Dates employed: _____

Responsibilities/Duties Performed:

Name of Agency/Company: _____ Dates employed: _____

Responsibilities/Duties Performed:

List any other experiences with Training or Job related tasks:

Is applicant currently receiving services or training from any other agencies?: Yes or No

Name: _____ Type of training or services: _____

Is the applicant currently eligible for Medicaid Waiver Services? Yes No

If yes, please list which waiver: _____

Is applicant a client of Regional Center? Yes No

Regional Center Case Manager: _____

Vocational Rehabilitation Counselor: _____

Phone: (____) _____ Phone: (____) _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

- Eastern Region Alliance
- St. Louis Regional Centers
- Vocational Rehabilitation
- Department of Elementary and Secondary Education
- Department of Mental Health
- Special School District or any other school district
- Case Management Agencies
- Previous Employers
- Training Agencies

I, _____ hereby authorize the above named programs, agencies or persons to disclose to Lafayette Industries the contents of case files and personnel files. I further authorize Lafayette Industries to disclose to the above named programs, agencies or persons the contents of case files and personnel files. This includes, but is not limited to, applications for employment or other programs, information regarding dates of employment or other program enrollment, attendance, productivity records, current wage rate, Individual Program Plans and behavioral information relating to employment issues other program setting.

I understand that my records are confidential and are protected by Federal Regulation and/or State Law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to the release. If not revoked by the individual or guardian, this release will remain in effect.

I further authorize that a photocopy of this authorization form be fully acceptable as an original and is to be utilized for additional information from other sources.

PLEASE NOTE: To process this application effectively, your consent for release of information is necessary.

Signature of Individual or Legal Guardian

Date

Applicants SSN

Date of Birth

Witness

Date

Please return completed application and consent form to the corresponding program manager.

BmcMahon@lafayetteindustries.com for Lafayette Legacy

Klamb@lafayetteindustries.com for Lafayette West

Jphillips@lafayetteindustries.com for Lafayette North

sshelton@lafayetteindustries.com for Lafayette JeffCO

cwoernor@lafayetteindustries.com for STEPUP Employment Training

Lafayette is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by law. Lafayette complies with the law regarding reasonable accommodation for handicapped and disabled employees.

It is the policy of Lafayette to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA). Lafayette will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability. Lafayette will also make reasonable accommodation wherever necessary for all employees or applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential duties and assignments connected with the job and provided that any accommodations made do not impose an undue hardship on Lafayette.

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