



# SPECTRUM Services

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*For Office Use:*

*Date Received:* \_\_\_\_\_

*Initials:* \_\_\_\_\_

## Applicant Contact Form

Applicant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (please print legibly): \_\_\_\_\_

### **PARENT / LEGAL GUARDIAN CONTACT INFORMATION** (if applicable)

If Adult Applicant and you are your own legal guardian check this box and skip non applicable sections

**Parent / Guardian 1** Applicant primarily resides with this person?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (please print legibly): \_\_\_\_\_

**Parent / Guardian 2** Applicant primarily resides with this person?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (please print legibly): \_\_\_\_\_

**Which parent / guardian has legal custody?**  #1  #2  Both  Other \_\_\_\_\_

Person Responsible for Payment?

Applicant  Parent / Legal Guardian  Other (please complete information below)

Name of "Other" Person or Agency Responsible for Payment:

\_\_\_\_\_

Name of Contact (if non-family): \_\_\_\_\_

Phone: \_\_\_\_\_ Email (please print): \_\_\_\_\_