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**DON'T CALL ME STRANGE FOUNDATION 501c3 NON PROFIT**

Application for services does not guarantee service. All applications must be filled out completely in order to process. Once the application has been received and reviewed by the Board based on necessity of need, a decision will be made. Once approved you will be contacted directly by a Board Member regarding your need for services. Please print and fill out all of the information below.

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Referral Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

How many family members live with you: \_\_\_\_\_

List the name(s), age(s), and sex(s) of each family member living with you now:

Family Member #1: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Family Member #2: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Family Member #3: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Family Member #4: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity: Please Circle Asian Black/African Caucasian Hispanic Or Latino

Other: \_\_\_\_\_ Prefer not to say

Do you have a family member who is: Disabled Special Needs Veteran Critically Ill

Terminally Ill Mental Health Issues Chronically Ill Hospice Care Behavioral Issues

Abusive Elderly Medically Disabled

Please explain: \_\_\_\_\_

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Do you receive Medicaid or Medicare services: If yes, list: \_\_\_\_\_

Do you need assistance/understanding on how to apply for Medicaid?      Yes      No

Do you need assistance with food?    Yes    No    If yes, circle the food item(s) below:

Milk      Eggs      Meats      Bread      Water      Baby Food      Fruits      Vegetables      Formula

Other (Describe) \_\_\_\_\_      What kind of formula do you use? \_\_\_\_\_

Do you need assistance with clothing?    Yes    No    If yes, circle the item(s) needed below:

Shoes      Shirts      Pants      Socks      Undergarments      Coat      Jacket      Hat

Please list the sizes of each family member(s):

Family Member #1: \_\_\_\_\_ Family Member #2: \_\_\_\_\_

Family Member #3: \_\_\_\_\_ Family Member #4: \_\_\_\_\_

Do you need medical assistance?    Medical Supplies    Please describe: \_\_\_\_\_

Referral    Please explain: \_\_\_\_\_      Diapers/Pull Ups      Wipes

Other: \_\_\_\_\_

Do you need testing for a child that you feel has a special need issue, but has not had proper testing?

Yes    No    If yes, explain the issue(s) that you are seeing: \_\_\_\_\_

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Have you been connected to receive any services through your local MCO? (Ex. Innovations Waiver Services, Registry of Unmet Needs, State Funded Services):      Yes      No

If yes, explain what services you are receiving: \_\_\_\_\_

If no, would you like to learn more about the services that you are eligible for?      Yes      No

What school(s) does your child(ren) attend?: \_\_\_\_\_

Do you need a different educational program to help your child learn:      Yes      No

Do you understand your child's IEP:      Yes      No

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My child(ren) wishes are: (Give the top 3 wishes of your child(ren))

Child # 1: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #4: \_\_\_\_\_

Please explain your situation so we can best serve you: All applications are kept confidential in a secured, filed location. Any information that you wish to give is kept private and is not shared with anyone.

My needs/situation are: \_\_\_\_\_

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Please mail this completed application to: Don't Call Me Strange Foundation

123 Goldsboro Street South

Wilson, NC 27893

You may drop off this application at the address above in the outside mailbox slot.

Each application takes approximately 1 week for processing. A Member of our Board will be assigned to contact you and to work with you directly on your application. for more information go visit the website:

[www.dontcallmestrange.com](http://www.dontcallmestrange.com)

Call us directly at: 919-631-5980 and leave a message

Don't Call Me Strange, does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability or handicap, marital status, sexual orientation, or military status, in any of its activities or operations.