

## Application Request Form

Consumer First Name:

Consumer Last Name:

DDD #:

Consumer Email address:

Enrolled in FIS

Enrolled in AwC

### SDE Information :

SDE Name	Email address	Phone #	Medication Yes or No	Transportation Yes or No

Please return this completed form as soon as possible to our HR dept  
[awchr@nj.easterseals.com](mailto:awchr@nj.easterseals.com). Any questions please reach out to our Customer Service  
Representatives at: [awccustomerservice@nj.easterseals.com](mailto:awccustomerservice@nj.easterseals.com)  
Customer Service contact phone **1-800-471-3086**