



APPLICATION for Admission

Applicant Name _____
Last Name First Name Initial

Address (Street/Apt#): _____ City: _____ State _____ Zip: _____

Applicant Home Phone () _____ Applicant Cell: () _____

Date of Birth: _____ Age: _____ Religion: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Social Security No. _____ Medicaid# _____ Medicare#: _____

Gender: (Check One) Male Female

Marital Status: (Check One)

- Single
- Married

Legal Status of Applicant

- Competent Major
- Interdicted
- Do not know

Referral Source

How did you learn about The Guild at Raphael Village?

- Case Manager Case Worker Friend/Community Member
- LRS Counselor Other _____

Funding Source: NOW Waiver Supports Waiver Private Pay

Support Coordination Agency: Quality Support Coordinators Other

How will the Participant get transported to the Center? Parent/Guardian PCA RTA Group Home Staff

How would you characterize the place where the applicant lives? (check one)

- Group Home Independent home or apartment Parent/ Guardian Other _____

Please list all who currently live in the applicant's home

Name	Relationship	Age

DIAGNOSIS

What is the applicant's primary diagnosis? (Check all that apply)

- Autism Cerebral Palsy Brain Injury Seizure disorder/neurological problem
 Chemical dependency Vision/hearing impairment Physical disability Communication disorder
 Depression Anxiety
 Other (Please list) _____

HEALTH

Brief medical overview and overall health:

When was the applicant's last physical exam?

- Within the past year Over one year ago Do not know

Past surgeries/hospitalizations:

Does applicant have any back problems?

- Yes Describe: _____
 No

Does the applicant have diabetes?

- Yes (Describe type)
 No

Will applicant require glucose monitoring while at the center?

- Yes If Yes, is the applicant to complete this task independently? Yes No
 No

Does the applicant have any dietary restrictions? If so explain.

- Yes Describe: _____
 No

Does the applicant have any allergies?

Yes Describe: _____

No

How would you describe the applicant's mobility?

Walks (with or without aids) Non-ambulatory Other _____

How would you describe the applicant's vision?

Sees well, with or without corrective lenses Vision problems limit activities, such as reading or travel

How would you describe the applicant's hearing?

Normal in both ears Deficit in left ear Deficit in right ear

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the applicant that would assist The Guild staff to best support him/her (attach a separate sheet if necessary):

MEDICATION: List all medications, dosages and times of administration

MEDICATION	DOSAGE	DOSAGE TIME(S)	PURPOSE

Medication Administration:

NOTE: It is the policy of The Guild at Raphael Village that medication administration will not be offered during Adult

Day Care center hours of operation.

SEIZURE PROFILE

Does applicant have a history of seizures: Yes No Date of last seizure: _____

If Yes, how often do they occur? (check one)

Less than once/month Once/ month Once/ week More than once/ week Do not know

How would you describe the seizure?

Grand Mal Petit Mal

What does the seizure look like?

Stare Blankly Falls to the ground Other (Please describe) _____

Signs or symptoms that may indicate the onset of a seizure: _____

How long does the seizure usually last? _____

Any actions found useful in preventing the seizure? _____

Best way to assist the applicant while they are having a seizure? _____

Have you ever called 911 or sought other emergency care when applicant is having a seizure?

Yes No If yes, please explain: _____

BEHAVIORAL INFORMATION

Is there any history of abuse (physical, sexual or mental)? Yes No If yes, explain:

Has the applicant displayed any behavior problems in the home or in previous programs?

Yes No If Yes,

Explain: _____

Does the applicant elope out of your supervision? Yes No If Yes, Explain:

Does the applicant ever cause injury to him/ herself ex. Hitting, self, biting, banging head, scratching or puncturing skin. Yes No Do not know Explain behavior and how often it occurs:

Does the applicant ever interfere with the activities of others? Ex. Starting fights, laughing or crying without reason, yelling or screaming? Yes No Do not know

Describe and how often does the behavior occur? _____

Does the applicant ever engage in ‘uncooperative’ or ‘inappropriate’ behaviors? Ex. Breaking rules/laws, cheating, acting defiant, or stealing? Yes No Do not know

Describe and how often does the behavior occur? _____

Does the applicant generally throw objects when angered?

Yes No Do not know If yes, about how often does the behavior occur?

Does the applicant generally hit others when angered?

Yes No Do not know If yes, about how often does the behavior occur?

EDUCATIONAL HISTORY

Name of School	Diploma or Certificate	Year Received

Has the applicant ever participated in a Day Habilitation Program?

Name of Program	Dates of Attendance	Reason for Discharge

STRENGTHS AND SUPPORT NEEDS

Personal Care Skills: Is applicant capable of managing personal care needs: wearing/changing undergarments, cleaning self, menstrual needs ? If not, what support is needed:

What household responsibilities does applicant assume in the home?:

- Picking-up clothes Cleans own room Clean Dishes Vacuum Sweep
- Take out trash Mow lawn Laundry
- Other:

Money Skills: Does the applicant handle his/her own money? Yes No
 Able to discriminate coin/dollar denomination? Yes No
 Can applicant make simple purchases? Yes No

Community Travel Skills: Is applicant able to use public transportation? Yes No
 Is applicant RTA/MITS certified? Yes No
 Does applicant know his/her way around their neighborhood? Yes No

INTERESTS/PREFERENCES

Types of activities that the applicant enjoys at home:

Types of activities that the applicant enjoys in the community with family/friends:

Are there any locations in the community that the applicant should avoid due to fears or obsessions?

PHYSICAL SUPPORT NEEDS (E.g. Personal Care, toileting, feeding, etc.)

On-Site:

In The Community:

LEARNING AND PERFORMANCE CHARACTERISTICS

COMMUNICATION

What is the main way that the applicant communicates? (Check One)

- Uses Sounds/ Gestures
- Uses Sign Language
- Uses Key Words
- Speaks Unclearly
- Communicates Clearly

SOCIAL INTERACTION

How frequently does the applicant initiate conversation or interaction?

- Rarely Interacts Appropriately
- Polite & Appropriate
- Initiates Interactions Infrequently
- Initiates Frequently

LEARNING STYLE

How does the applicant learn best? (Check one)

- Verbal Instruction Modeling from someone else Gestures

What is the applicant's reinforcement needs? (Check one)

- Frequent Reinforcement Daily Weekly

Rate the applicant for handling criticism/stress. (Check one)

- Resistive/ Argumentative
 Withdraws Into Silence
 Accepts Criticism/Does not Change
 Accepts Criticism to grow

Does the applicant adapt to changes in schedule?

- Yes No

At what pace can the applicant do activities?

- Slow Average Sometimes Fast Continual Fast

Signatures

I am requesting admission into The Guild at Raphael Village.

Applicant Signature

Date

Parent/Guardian Signature

Date

Interviewer's Recommendation & Comments

Signature of Interviewer

Date

SAFETY/RISK ASSESSMENT

Name of Participant: _____

Date: _____

Safety/Risk Areas	Description of Concerns	Supports/Action Needed	Evaluation of effectiveness	Probability Code
COMMUNITY SAFETY				
HEALTH/MEDICAL CARE				
RELATIONSHIPS/SEXUALITY				
ABUSE				
BEHAVIORS				
PERSONAL CARE				
MENTAL HEALTH				

POLICE INVOLVEMENT				
OTHER				

PROBABILITY CODE: 0-Rare 1-Unlikely 2-Possible 3-Likely 4-Certain

SIGNATURES:

 Guild Applicant

 Date

 Parent/Guardian

 Date

 Guild Representative

 Date