

APPLICATION FOR ADMISSION

Date: _____

Applicant's Name: _____ **Date of Birth:** _____

Address: _____

Home Phone #: _____ **Alternate Phone #:** _____

Social Security #: ____--____--____ **Sex:** M F **Marital Status:** _____

Citizenship: USA Other (country) _____ **Eligible to work?** Yes No

Source(s) of Income:

SSI SSDI SSA Employment Family Trust Fund

Medical Insurance: (A Medical Assistance Number must be listed here for admission)

Primary Insurance Company & #: _____

Secondary Insurance Company & #: _____

Diagnosis (please specify all): _____

Seizures/Type: _____ **Frequency/Duration:** _____

Allergies (to what and explain reactions): _____

Work Restrictions (Requires note from appropriate physician upon admission): _____

Medication(s) and Dosage(s): _____

Primary Physician: _____ **Phone #:** _____

Psychologist/Psychiatrist/Therapist: _____

Phone Number: _____ **Type of Therapy:** _____

Date of most recent:

Dental exam: _____ **Physical exam:** _____

Psychological Evaluation (one which includes IQ score): _____

Residential Provider: _____ **Contact Person:** _____

Day Time Phone #1: _____ **Phone #2:** _____

Emergency Contact Person _____

Day Time Phone #1: _____ **Phone #2:** _____

Resource Coordinator: _____ **Phone #:** _____

Funding Source for Day Program:

DDA DORS Private Pay Other _____

Type of Current Funding:

Vocational Day Supported Employment

Contact Person for Funding Source: _____ **Phone #:** _____

Vocational Experience: (Include employment, skills, and reason for leaving): _____

Is the applicant currently employed?

Yes, full time Yes, part time No

How long is the applicant's attention span?

30 secs 2 mins 10 mins 1 hr Other _____

Please check each skill the applicant is able to complete **independently** (or with an assisted device):

- | | | |
|--------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Travel | <input type="checkbox"/> Communicate verbally | <input type="checkbox"/> Use/answer the phone |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Call 911 appropriately | <input type="checkbox"/> Use a microwave |
| <input type="checkbox"/> Use a vending machine | <input type="checkbox"/> Maintain personal hygiene | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Laundry | <input type="checkbox"/> Use the stove |
| <input type="checkbox"/> Obtain medical services | <input type="checkbox"/> Understand public signs | <input type="checkbox"/> Read |
| <input type="checkbox"/> Add/subtract | <input type="checkbox"/> Ambulate | <input type="checkbox"/> Take medication |

Does the applicant have now (or within the last five years) problems with:

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hitting self or others | <input type="checkbox"/> Spitting on others | <input type="checkbox"/> Verbal aggression |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Been convicted of a crime | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Depression | <input type="checkbox"/> Extreme mood changes |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> Inappropriate public sexual behavior | <input type="checkbox"/> Setting fires |
| <input type="checkbox"/> Resisting supervision | <input type="checkbox"/> Temper tantrums, crying | <input type="checkbox"/> Handling bodily wastes |
| <input type="checkbox"/> Eating non-food substances | <input type="checkbox"/> Excessive talking | <input type="checkbox"/> Refusing to work |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other (please specify) _____ | |

Did the applicant graduate from High School (or earn a certificate)? Yes No

If so, name of school: _____ Year graduated _____

How much supervision does the applicant require?

- 1) Staff must always be present and within eye and earshot
- 2) Staff must be present, but not necessarily within eyeshot
- 3) Staff needs to check on the applicant once an hour
- 4) Staff needs to check on the applicant twice a day
- 5) Staff needs to check on the applicant once a day
- 6) Staff needs to drop in one day per week or less

If numbers 1, 2, 3, 4, or 5 were selected above, explain reason(s) for supervision requirements:

Which ROI program is applicant interested in? (Does not guarantee selection)

- Vocational Day Supported Employment

References (at least one in each area is required, unless it is not relevant to applicant). **Include name of contact person/supervisor and current phone number so we may contact them for more information about the applicant.**

School: _____

Residential Program: _____

Vocational Program(s) (current and previous programs): _____

Employer (current): _____

Employer (previous): _____

Other: _____

I certify that the above information is true and complete, to the best of my knowledge and would like to apply for admission to Rehabilitation Opportunities, Inc.:

Applicant Signature (Required)

Date

Parent/guardian/proponent Signature (Required)

Date