

# Application for Group Homes Services

Date of Application: \_\_\_\_\_

(OPTIONAL)  
Attach current photo of applicant  
here.

## General Information

Name:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_

Telephone:  
Home:(\_\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_\_) \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Language Spoken: \_\_\_\_\_ Religion: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Name of Case Manager: \_\_\_\_\_

### In Case of Emergency, notify:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ City, State \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

*Application for Group Home Services*

*Applicant Name:* \_\_\_\_\_

Current Vocational Provider: \_\_\_\_\_

Employer (Name, address, phone): \_\_\_\_\_

Are services being received through Home & Community Based Waiver? Yes / No (**circle one**)

Are services being received through In-Home Support Waiver? Yes / No (**circle one**)

***Financial Information***

Monthly Amounts Received from:

Social Security: \_\_\_\_\_ Supplemental Security (SSI): \_\_\_\_\_ AID/Disabled: \_\_\_\_\_

Who serves as representative payee? \_\_\_\_\_

Other resources (stocks/bonds, life insurance, family trust, VA, bank accounts, other) Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job (how often paid, gross amount): \_\_\_\_\_

Burial policy? **Yes / No** (circle one) If so, with what company (name & address)? \_\_\_\_\_

Private Trust? **Yes / No** (circle one) If so, specify type of trust (e.g., special needs): \_\_\_\_\_

***Guardianship Information***

Has a legal guardian been appointed? **Yes / No** (circle one) If yes, explain below:

Name of Guardian: \_\_\_\_\_ Name of Co-Guardian: \_\_\_\_\_

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

City, State: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Guardian was appointed: \_\_\_\_\_

Type of Guardianship: **Limited / full** (circle one) If limited, specify the areas of control given to the guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Has applicant ever been hospitalized or had surgery? **Yes / No** (circle one) If yes, give dates and reasons below:

<i>Date</i>	<i>Explanation</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Does applicant have any physical or medical limitations? **Yes / No** (circle one) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever had a seizure? **Yes / No** (circle one) If yes, what kind and how often?  
\_\_\_\_\_  
\_\_\_\_\_

Describe cause of development or physical disability and its onset (Down Syndrome, CP, stroke, ect.):  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant have medical or dental insurance? **Yes / No** (circle one) If yes, what kind (private, Medicare, Medicaid)

<i>Type</i>	<i>Name of insurance co &amp; #</i>	<i>Covered under whose name?</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Menstrual Cycle (females only):      Age of applicant at onset of menstrual period: \_\_\_\_\_

Are periods regular? \_\_\_\_\_

Difficulties with periods? \_\_\_\_\_

Does applicant need assistance with period? \_\_\_\_\_

**Application for Group Home Services**

**Applicant Name:** \_\_\_\_\_

Give dates for the following childhood diseases (enter N/A if applicant did not have disease):

<i>Disease</i>	<i>Date (if available)</i>	<i>Disease</i>	<i>Date (if available)</i>
Diphtheria	_____	Rubella	_____
Measles	_____	Whooping Cough	_____
Rheumatic Fever	_____	Mumps	_____
Tonsillitis	_____	Appendicitis	_____
Tuberculosis	_____	Chicken Pox	_____
Other (specify)	_____	Other (specify)	_____

<i>Adaptive Equipment?</i>	<i>Yes / No</i>		<i>Yes / No</i>
Eye Glasses	_____	Crutches	_____
Hearing Aids	_____	Bathing Aids	_____
Wheelchair	_____	Transportation	_____
Walker	_____	Sleep Apnea Devices	_____
Dentures	_____	Ramp	_____
Braces	_____	Prosthetic Device	_____

Has applicant or family member ever had the following?

<i>Illness/Condition</i>	<i>Yes / No</i>	<i>Name of Person (self, mother, father, brother, ect)</i>
Diabetes	_____	_____
Asthma	_____	_____
High Blood Pressure	_____	_____
Seizures	_____	_____
Alcoholism	_____	_____
Drug Addiction	_____	_____
Heart Disease	_____	_____
Head Injuries	_____	_____
Back Trouble	_____	_____
Respiratory Disease	_____	_____
Kidney Disease	_____	_____
Cancer	_____	_____
Tuberculosis	_____	_____
Thyroid Disease	_____	_____
Mental Retardation	_____	_____
Other	_____	_____

If yes to any of the above, please explain below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Immunization</i>	<i>Date</i>	<i>Immunization</i>	<i>Date</i>	<i>Immunization</i>	<i>Date</i>
Diphtheria Tetanus	_____	Chicken Pox	_____	Pneumonia	_____
Whooping Cough	_____	Smallpox	_____	Flu	_____
Poliomyelitis	_____	Measles	_____	Hepatitis B	_____
Other	_____				

Date of Tuberculin test \_\_\_\_\_ **Tine/X-Ray** (circle one)      **Negative / Positive** (circle one)

Chemical Abuse History: \_\_\_\_\_

Alcohol (frequency of use): \_\_\_\_\_

Drugs (type, frequency of use): \_\_\_\_\_

Has applicant ever been addicted to chemicals? **Yes / No** (circle one)      If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Previous Residential Placements (start with most recent)***

Name of Provider or Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Name of Provider or Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Name of Provider or Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

\_\_\_\_\_

***Vocational History (start with most recent)***

Name of Provider or Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission/Hire Date: \_\_\_\_\_ Discharge/Termination Date: \_\_\_\_\_ Ph#: \_\_\_\_\_

Types of work: \_\_\_\_\_  
\_\_\_\_\_

Name of Provider or Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission/Hire Date: \_\_\_\_\_ Discharge/Termination Date: \_\_\_\_\_ Ph#: \_\_\_\_\_

Types of work: \_\_\_\_\_  
\_\_\_\_\_

Name of Provider or Employer: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact: \_\_\_\_\_

Admission/Hire Date: \_\_\_\_\_ Discharge/Termination Date: \_\_\_\_\_ Ph#: \_\_\_\_\_

Types of work: \_\_\_\_\_  
\_\_\_\_\_

***Education***

Is applicant currently enrolled in an education program? **Yes / No** (circle one) If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

Did applicant attend public school? **Yes / No** (circle one) If yes, give name & address of school:

\_\_\_\_\_

Has applicant's IQ been tested? **Yes / No** (circle one) If yes, what test was used, what was the score, and date of test:

\_\_\_\_\_

Did applicant receive special services in school? **Yes / No** (circle one) If so, what services?

\_\_\_\_\_  
\_\_\_\_\_

***Family Composition***

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Birthday (month & day) \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Birthday (month & day) \_\_\_\_\_

Sibling's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Sibling's Name \_\_\_\_\_  
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Phone \_\_\_\_\_

Sibling's Name \_\_\_\_\_  
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City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Sibling's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Does applicant get along with all family members (explain)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where does applicant spend holidays? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Social Skills Assessment***

<i>Skill</i>	<i>Unable to Do</i>	<i>Requires physical Or verbal assistance (indicate help needed)</i>	<i>Consistently Independent</i>	<i>Not Applicable</i>
<b>1. Grooming Habits</b>				
Keeps hands & face clean	_____	_____	_____	_____
Bathes by Shower / tub (circle one)	_____	_____	_____	_____
Shampoos & combs hair	_____	_____	_____	_____
Brushes teeth/dentures	_____	_____	_____	_____
Dresses/undresses self	_____	_____	_____	_____
Selects clothing Appropriate for weather	_____	_____	_____	_____
Shaves face, legs, underarms	_____	_____	_____	_____
Cares for menstrual needs	_____	_____	_____	_____
Attends to toilet needs	_____	_____	_____	_____
Controls bladder	_____	_____	_____	_____
<b>2. Meal Time Skills</b>				
Chews & swallows food	_____	_____	_____	_____
Feeds self	_____	_____	_____	_____
Uses eating utensils properly	_____	_____	_____	_____
Prepares simple foods (coffee Cereal, soup, sandwich)	_____	_____	_____	_____
Uses a stove	_____	_____	_____	_____
Uses a microwave	_____	_____	_____	_____
Follows & prepares recipes	_____	_____	_____	_____
Washes dishes	_____	_____	_____	_____
Cleans Kitchen	_____	_____	_____	_____

<i>Skill</i>	<i>Unable to Do</i>	<i>Requires physical Or verbal assistance (indicate help needed)</i>	<i>Consistently Independent</i>	<i>Not Applicable</i>
<b>3. Housekeeping</b>				
Makes bed	_____	_____	_____	_____
Changes bedding regularly	_____	_____	_____	_____
Keeps room neat	_____	_____	_____	_____
Uses washer & dryer	_____	_____	_____	_____
Helps with general Housework	_____	_____	_____	_____

*Rarely                      Sometimes                      Always                      Comments*

<b>4. Sleeping Habits</b>				
Sleeps all night	_____	_____	_____	_____
Wakes frequently at night	_____	_____	_____	_____
Sleepwalks	_____	_____	_____	_____
Has night seizures	_____	_____	_____	_____
Has night terrors	_____	_____	_____	_____
Has sleep apnea	_____	_____	_____	_____
Needs supervision at night	_____	_____	_____	_____

<b>5. Community Interaction Skills</b>				
Tells time	_____	_____	_____	_____
Reads	_____	_____	_____	_____
Knows coin & bill value	_____	_____	_____	_____
Shops for personal needs	_____	_____	_____	_____
Uses public transportation (bus, taxi)	_____	_____	_____	_____
Rides a bike	_____	_____	_____	_____
Uses community resources (library, stores, church)	_____	_____	_____	_____
Exhibits appropriate sexual Behavior in public	_____	_____	_____	_____
Has social activities With family	_____	_____	_____	_____
Has social activities with Friends	_____	_____	_____	_____

*Application for Group Home Services*

*Applicant Name:* \_\_\_\_\_

	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>	<i>Comments</i>
Goes up & down stairs	_____	_____	_____	_____
Has a hobby	_____	_____	_____	_____
Structures leisure time	_____	_____	_____	_____
<b>6. Social Behavior</b>				
Respects & relates Positively to authority	_____	_____	_____	_____
Accepts criticism	_____	_____	_____	_____
Asks for help when needed	_____	_____	_____	_____
Accepts responsibility	_____	_____	_____	_____
Helps others	_____	_____	_____	_____
Listens & follows directions	_____	_____	_____	_____
Attends & completes tasks	_____	_____	_____	_____
Works well with others	_____	_____	_____	_____
Respects others' property	_____	_____	_____	_____
Shares & takes turns	_____	_____	_____	_____
Controls temper	_____	_____	_____	_____
Is well-mannered	_____	_____	_____	_____
Recognizes strangers	_____	_____	_____	_____
Destroys property	_____	_____	_____	_____
Is sexually active	_____	_____	_____	_____
Harms self	_____	_____	_____	_____
Harms others	_____	_____	_____	_____
Has temper outbursts	_____	_____	_____	_____
Runs away	_____	_____	_____	_____
Can stay home alone	_____	_____	_____	_____
Smokes	_____	_____	_____	_____
Drinks alcohol	_____	_____	_____	_____
Has history of illegal drug use	_____	_____	_____	_____
Expresses wants & needs	_____	_____	_____	_____

	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>	<i>Comments</i>
<b>7. Emergency Knowledge</b>				
Uses telephone	_____	_____	_____	_____
Can call 911	_____	_____	_____	_____
Knows emergency weather Procedures	_____	_____	_____	_____
<b>8. Vocational Behavior</b>				
Works willingly	_____	_____	_____	_____
Arrives promptly	_____	_____	_____	_____
Accepts supervision	_____	_____	_____	_____
Works _____ hours per day	_____	_____	_____	_____
Understands paycheck	_____	_____	_____	_____
<b>9. Communication Skills</b>				
Expresses self:				
By complete sentences	_____	_____	_____	_____
By partial sentences	_____	_____	_____	_____
By using sounds	_____	_____	_____	_____
By signs	_____	_____	_____	_____
By communication device	_____	_____	_____	_____
Expresses own needs to Others	_____	_____	_____	_____
Is easily understood by Most people	_____	_____	_____	_____

List applicant's favorite foods:  
 \_\_\_\_\_  
 \_\_\_\_\_

List applicant's favorite recreational activities:  
 \_\_\_\_\_  
 \_\_\_\_\_

List applicant's interests & hobbies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Application for Group Home Services*

*Applicant Name:* \_\_\_\_\_

Does applicant have any challenging behaviors? **Yes / No** (circle one) If yes, describe below:

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Does applicant have a criminal record? **Yes / No** (circle one)

Juvenile offenses? **Yes / No** (circle one) If yes, describe:

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Adult offenses? **Yes / No** (circle one) If yes, describe:

<i>Misdemeanor Offense</i>	<i>Date Committed</i>	<i>Disposition Date</i>	<i>Judgment</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

  

<i>Felony Offense</i>	<i>Date Committed</i>	<i>Disposition Date</i>	<i>Judgment</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

