



ADMISSION APPLICATION

ITEMS NEEDED PRIOR TO ADMISSION

Current I.D. Card
Copy of Birth Certificate
Social Security Card
Medicaid Card/Medicare Card/Other Insurance Information
Documented Proof of Guardianship, if not own legal guardian
Waiver Provider Choice Form (from Support Coordinator)
Physical and PPD within the last 12 months
Psychological Evaluation, Level of Functioning, Support Intensity Scale, Fall Risk Assessment
Doctor's orders and scripts for medication (if applicable)
Support Plan from Support Coordinator (Parts 1 - 4)
OT/Speech/Behavioral Consultations
Other Corresponding Information on Individual

CONTACT INFORMATION

Last:	First:	Middle:
Preferred Name: N/A		
Current Address:		
City:	State:	Zip Code:
Telephone #:		
Date of Birth:	Birthplace:	
Gender: Male _____ Female	Race:	
Marital Status: Single	Religious Preference:	
Program: _____ Community Engagement _____ Sponsored Residential		


FAMILY OR LEGAL REPRESENTATIVE TO NOTIFY

Name:		Relationship:
Address:		
City:	State:	Zip Code:
Telephone #:		

OTHERS TO NOTIFIED / EMERGENCY CONTACT

Name:		Relationship:
Address:		
City:	State:	Zip Code:
Telephone #:		

PLACING AGENCY

Community Service Board / Organization Name:		
Support Coordinator / Case Manager Name:		
Address:		
City:	State:	Zip Code:
Telephone #:		

MODE OF COMMUNICATION (CHECK ONE)

Verbal:	Non-Verbal:
Sign Language/Gesture/Point:	Communication Device:

MEDICAL PROVIDER / PHYSICIAN'S INFORMATION

#1 Physician's Name:		
Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	



#2 Physician's Name:		
Address:		
City:	State:	Zip Code:
Telephone #:		

MEDICAL INSURANCE INFORMATION	
Medicaid #:	Medicare #:
Wavier Type:	SIS Tier Level:

MEDICAL HISTORY	
Medication Allergies:	Food Allergies:
History of Substance Abuse:	Communicable Diseases:
Significant Medical Problems	

Significant Communication Problems



MEDICATION AND DOSAGE			
Name of Medication	Reason Taken	Dosage	Time(s) of Day

SELECT THE NUMBER OF DAYS INDIVIDUAL WILL ATTEND COMMUNITY ENGAGEMENT:

Check the boxes that apply:

SUNDAY	<input type="checkbox"/>
MONDAY	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>

