Request for Residency in Richmond House

RICHMOND HOUSE IS AN EQUAL OPPORTUNITY PROGRAM. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

APPLICANT'S PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		NAME CALLED BY	DATE APPLICATION COMPLETED	
STREET ADDRESS			YEARS AT THIS ADDRESS	
CITY	STATE	ZIP	TEL. NO ( )	SOCIAL SECURITY NO — —
Sex: M F	Age:	Date of Birth: / /	.	
Primary Disability:		Additional Disabilities:	Wear Glasses? Yes ____ No ____	Use a Hearing Aid? Yes ____ No ____
Present Living Arrangements: o With Family o Alone		o Spouse o Other		
Name of person(s)with whom living: 1) ______________________ 2)______________________ 3)______________________		Relationship ______________ ______________ ______________		
LIST PRIOR ADDRESSES OVER PAST **3** YEARS				
Street Address 1) ______________________ 2) ______________________ 3) ______________________		City ______________ ______________ ______________	State ______ ______ ______	HOW LONG ______ ______ ______

APPLICANT'S EMPLOYMENT HISTORY

ARE YOU EMPLOYED NOW?			
PREVIOUSLY EMPLOYED?	YES NO		
DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?	YES NO		
IF NO, EXPLAIN :			YES NO

LIST YOUR 3 MOST RECENT EMPLOYERS AND/OR VOLUNTEER WORK EXPERIENCES
(Begin with your present job and list in reverse order)

Employers Name:		
Supervisor:	Employed From: ___/___ To: ___/___ Mo/Yr Mo/Yr	Position:
	Phone Number: ( )	Salary:
Employers Name:		
Supervisor:	Employed From: ___/___ To: ___/___ Mo/Yr Mo/Yr	Position:
	Phone Number: ( )	Salary:
Employers Name:		
Supervisor:	Employed From: ___/___ To: ___/___ Mo/Yr Mo/Yr	Position:
	Phone Number: ( )	Salary:

What did you like best about your job?

What did you like the least about your job?

If you have not worked, what type of work would you enjoy doing?

What are your future plans concerning employment?

APPLICANT'S EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE?	CREDIT HRS. COMPLETED	DEGREE RECEIVED (TYPE)
Elementary School:	Mo/YR From: To:	YES / NO	N/A	N/A
High School:	Mo/YR From: To:	YES / NO	N/A	N/A
College:	Mo/YR From: To:	YES / NO		

INDICATE MEMBERSHIP, PARTICIPATION IN, AND OFFICES HELD SINCE LEAVING SCHOOL IN CIVIC, PROFESSIONAL, SOCIAL, ATHLETIC OR OTHER ORGANIZATION OR ACTIVITIES.
1)
2)
3)

CURRENT HOBBIES AND RECREATIONAL ACTIVITIES
1)
2)
3)

IN WHAT ADDITIONAL ACTIVITIES WOULD YOU LIKE TO ENGAGE?
1)
2)
3)

Additional Services

Please indicate below any Vocational, Residential, or Educational Services you have used or are currently using.

_____ DRS _____Independent Living Center

_____ Other (please list)

____

____

HEALTH & MEDICAL INFORMATION

Primary Physician's Name:	Phone: ( )
Address:	Fax: ( )

Medical Insurance Covered by:

Names(s) of Company: ______________________________

____

Group: ______________________________

Governmental Program: ______________________________

Policy Numbers: ______________________________

Seizures: Yes / No If Yes, list type and frequency: ______________________________

____

Current Medications: Is applicant self-medicating? YES / NO

How do you manage your self-medication ?

NAME	PURPOSE	DOSAGE	SIDE EFFECTS

Please List Hospitalizations within the past 5 years:

DATE (Mo / Yr)	PLACE (Hospital / City)	REASON

HEALTH & MEDICAL INFORMATION CONTINUED

Current Psychiatrist / Therapist / Counselor

Psychiatrist Name: ______________________ Phone: ______________

Agency: ______________________

Address: ______________________

Frequency of Visits: ______________________

Therapist Name: ______________________ Phone: ______________

Agency: ______________________

Address: ______________________

Frequency of Visits: ______________________

Counselor Name: ______________________ Phone: ______________

Agency: ______________________

Address: ______________________

Frequency of Visits: ______________________

History of Hospitalizations due to Mental Health Concerns:

Hospital / City, State	Dates of Stay: Mo/Yr – Mo/Yr	Reason for Admission

Psychiatric / Psychological / Emotional Disability (if applicable)

Primary Diagnosis: ______________________

Additional Diagnosis : ______________________

Name of Diagnostician: ______________________

Agency: ______________________ Phone: ______________

Address: ______________________

HEALTH & MEDICAL INFORMATION CONTINUED

Most recent Psychological Testing: *Please provide a copy of discharge recommendations.*

Administered by:	Title:
Agency:	Phone:
Address:	
Results:	

Does Applicant have a history of drug or alcohol abuse: YES / NO			
If YES list dates, treatments, programs utilized, contact person and phone number.			
Date:	Treatments:	Program Utilized	Contact Person / Phone Number

Allergies to drugs, foods, or other matter? YES / NO

If YES, please give details below:

Any Dietary Restrictions? YES / NO

If YES, please give details regarding type, reasons, and special foods below:

DISABILITY & BEHAVIOR CHECKLIST

DISABILITY		
Please check the appropriate space that best describe the applicant's disability/disabilities		
o Mild Mental Retardation	o Moderate Mental Retardation	o Severe Mental Retardation
o Profound Mental Retardation	o Learning Disability	o Behavior Problems
o Chronic Mental Illness	o Emotional Disturbance	o Hearing / Vision Impairment
o Epilepsy	o Autism	o Cerebral Palsy
o Mobility Impairment		o Other (please detail)

BEHAVIOR		
Please check if any of the following behaviors apply to the applicant		
o Threaten or do physical violence	o Damage personal property	o Damage property of others
o Damage public property	o Have violent temper or temper tantrums	o Use angry language
o Ignore or resist follow-ing instructions or routines	o Lie or Steal	o Abuse self
o Have socially unaccept-able sexual habits	o Have a record of any arrests	

IF YOU HAVE CHECKED ANY OF THE ABOVE MEDICAL OR BEHAVIORAL CHARACTERISTICS, PLEASE ATTACH A DETAILED MEDICAL EXPLANATION OF THE CONDITION(S) AND THE FUNCTIONAL LIMITATIONS CAUSED BY THE CONDITION.

ADDITIONAL COMMENTS:

____

____

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Independent Living Skills Rating Scale

CIRCLE THE LETTER THAT REPRESENTS THE APPROPRIATE SKILL LEVEL OF THE APPLICANT IN EACH SKILL AREA INDICATED

1 = Applicant can perform skill independently
2 = Applicant needs minimal supervision
3 = Applicant needs maximum supervision
4 = Applicant cannot perform skill

1. Eating, Drinking, & Food Preparation

Skill	Rating
A. Uses knife and fork correctly	1 2 3 4
B. Drinks liquids correctly and neatly	1 2 3 4
C. Plans well balanced meals	1 2 3 4
D. Washes dishes	1 2 3 4
E. Correctly puts away clean dishes	1 2 3 4
F. Sets table	1 2 3 4
G. Observes kitchen safety rules (uses hot pads, doesn't leave stove top on, etc.)	1 2 3 4
H. Correctly puts away leftovers	1 2 3 4
I. Prepares simple, nutritious breakfast, lunch, dinner	1 2 3 4
J. Demonstrates ability to identify spoiled food and correctly disposes	1 2 3 4
K Follows special diet, if applicable	1 2 3 4
L. Shops correctly from list or memory	1 2 3 4

2. Time

Skill	Rating
A. Can tell time to the quarter hour and half hour	1 2 3 4
B. Is on time for scheduled work / activities	1 2 3 4

3. Community Responsibility and Mobility

Skill	Rating
A. Carries ID	1 2 3 4
B. Identifies proper restroom in public places	1 2 3 4
C. Walk or takes public transportation to community activities	1 2 3 4
D. Asks for directions if lost	1 2 3 4
E. Demonstrates understanding of meaning of functional signs (stop, walk, etc)	1 2 3 4
F. Knows or carries emergency contact information	1 2 3 4
G. Demonstrates understanding of not purring self in dangerous situations (hitchhiking,, walking streets at night, talking to strangers, etc)	1 2 3 4
H. Use pay & private phones correctly; carries change for phone when out	1 2 3 4

4. Dressing / Clothing Care

Skill	Rating
A. Dresses / undresses independently	1 2 3 4
B. Puts clothing in proper place	1 2 3 4
C. Selects clean / matched clothing to wear	1 2 3 4
D. Wears clothing appropriate to occasion / weather	1 2 3 4
E. Identifies / handles clothing to be dry cleaned	1 2 3 4
F. Properly uses washer / dryer (at home or coin operated)	1 2 3 4

Independent Living Skills Rating Scale Continued	
5. Speech & Language Development	
A. Speech is clear, audible and sensible	1 2 3 4
B. Writes or prints own name	1 2 3 4
C. Writes sensible and understandable notes	1 2 3 4
D. Reads books, newspapers, magazines	1 2 3 4
E. Understands and follows simple directions	1 2 3 4
F. Understands and follows complex directions	1 2 3 4
6. Personal Hygiene: Independently Cares for:	
A. Teeth	1 2 3 4
B. Hair	1 2 3 4
C. Bathing	1 2 3 4
D. Toileting Needs	1 2 3 4
E. Nails	1 2 3 4
F. Menses	1 2 3 4
7. Housekeeping	
A. Dusts	1 2 3 4
B. Sweeps	1 2 3 4
C. Vacuums	1 2 3 4
D. Mops floor	1 2 3 4
E. Properly disposes of trash	1 2 3 4
F. Changes vacuum bag	1 2 3 4
G. Cleans sink, tub, toilet	1 2 3 4
H. Changes bed linens	1 2 3 4
I. Keeps living areas reasonably neat / tidy	1 2 3 4
8. Public Transportation: Independently takes:	
A. Metro Bus	1 2 3 4
B. Metro Rail	1 2 3 4
C. Taxi	1 2 3 4
D. Drives Independently	1 2 3 4
E. Other (list)	1 2 3 4
9. Medical	
A. Is cooperative when taking staff administered medications(s)	1 2 3 4
B. Takes own medication	1 2 3 4
C. Makes & keeps own medical appointments & has appropriate prescriptions filled	1 2 3 4
10. Shopping	
A. Identifies stores where personal and grocery items may be obtained	1 2 3 4
B. Seeks assistance from salesperson if unable to locate needed items	1 2 3 4

Independent Living Skills Rating Scale Continued

11. Money Handling	
A. Correctly identifies all coins	1 2 3 4
B. Correctly identifies bills $1 to $ 20	1 2 3 4
C. Independently makes small purchases	1 2 3 4
D. Independently makes most purchases, giving proper amount of money and counting proper change	1 2 3 4
E. Keeps cash in a safe place	1 2 3 4
F. Has own bank account	1 2 3 4
G. Can manage one week's spending money properly	1 2 3 4
H. Fills out deposits and withdrawal slips properly	1 2 3 4
I Cashes checks properly	1 2 3 4
J. Demonstrates importance of seeking advice when making a major purchase	1 2 3 4
K Demonstrates priority of paying bills on time	1 2 3 4
L. Records deposits / withdrawals in checkbook	1 2 3 4
M. Balances checking account	1 2 3 4
N. Demonstrates understanding of the need for and what are sufficient fund to support self	1 2 3 4
O. Demonstrates the ability to follow a budget	1 2 3 4
12. Social Skills	
A. Displays interest in sexual relationships	YES / NO
B. Has engaged in sexual behaviors	YES / NO
C. Has knowledge of contraception / safe sex	YES / NO
D. Takes care of Menstrual needs, if applicable	1 2 3 4
E. Maintains acceptable standard of personal hygiene	1 2 3 4
F. Can adequately and appropriately communicate needs	1 2 3 4
G. Can adequately and appropriately respond to communications of others	1 2 3 4
H. Seeks help when appropriate	1 2 3 4
I. Demonstrates cooperation with room / housemates	1 2 3 4
J. Makes minor day-to-day decisions	1 2 3 4
K. Demonstrates understanding of appropriate person with whom to share information, problems, belongings	1 2 3 4
L. Can resolve personal conflicts?	1 2 3 4
M. Demonstrates a tolerance for others?	1 2 3 4

Describe how you react if your routine is broken?

____

____

Independent Living Skills Rating Scale Continued

13. Safety & First Aid	
A. Differentiates between hot & cold faucets	1 2 3 4
B. Demonstrates ability to identify emergencies	1 2 3 4
C. Demonstrates understanding of need and ability to properly call police/fire dept.	1 2 3 4
D. Demonstrates understanding of meaning of poison symbol	1 2 3 4
E. Turns off appliances when not in use	1 2 3 4
F. Keeps keys on person when not at home	1 2 3 4
G. Uses keys to lock and unlock doors	1 2 3 4
H. Demonstrates understanding of and ability to require appropriate ID of stranger	1 2 3 4
I. Knows and follows pedestrian rules	1 2 3 4
J. Smokes only in appropriate places; properly disposing of butts & matches	1 2 3 4
K. Treats own minor illnesses (cold, head ache, etc)	1 2 3 4
L. Demonstrates understanding of hazards of overloading electrical outlets and using electrical appliances while wet	1 2 3 4
M. Demonstrates understanding of method to put out grease fires and ability to do so	1 2 3 4
14. Responsibility / Consideration / Initiative	
A. Takes care of personal belongings	1 2 3 4
B. Carefully treats the property of other, replacing if responsible for damage	1 2 3 4
C. Keeps staff advised regarding of whereabouts	1 2 3 4
D. Keeps doors locked, & turns out lights	1 2 3 4
E. Uses TV, stereo, telephone in considerate manner	1 2 3 4
F. Does not use property of others without asking	1 2 3 4
G. Initiates most of own activities	1 2 3 4
H. Will pay attention to a purposeful activity for (state number of minutes, hours)	
15. Supervision Required	
A. State number of days, hours, minutes, applicant can function safely without staff supervision	Days: Hours: Minutes:

FINANCIAL DATA

Anticipated funding source: ○ State ○ Private Pay ○ Self`

Applicants monthly income: $

Source(s):

Has applicant applied for	SSI	YES / NO
	SSDI	YES / NO
	Other	YES / NO

FAMILY

Father's Name:		Age:
Address:		
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
Mother's Name:		Age:
Address: (if different than above)		
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
Guardian's Name: (other than parent)		Age:
Address:		
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

Other members of Applicant's family, in birth order:

Name	Relationship	Age

PRIMARY FAMILY CONTACT

Name:

Home Phone:	Work Phone:	Cell Phone:	Fax:
( )	( )	( )	( )

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for refusal of residency. Further, Richmond House or its agents may request information from my previous teachers, employers, landlords, and persons who provide information related to my previous health and care will be released from any liability or damage. I have noted that Richmond House is an Equal Opportunity Residential Provider and applicants receive lawful consideration for residency without regard to Race, Religion, Color, Sex, Age, National origin, or Veteran Status. I realize that if I am accepted into the residential program, that Richmond House reserves the right to terminate my residency if the need arises per contract agreement.

PERSON COMPLETING APPLICATION

SIGNATURE: ______________________________ DATE______________

____
PRINT NAME

____
RELATIONSHIP TO APPLICANT

HOME PHONE: ( )	CELL PHONE: ( )	WORK PHONE: ( )

APPLICANT

SIGNATURE: ______________________________ DATE______________

____
PRINT NAME

HOME PHONE: ( )	CELL PHONE: ( )	WORK PHONE: ( )

REFERAL MADE BY:

SIGNATURE: ______________________________ DATE______________

____
PRINT NAME

____
RELATIONSHIP TO APPLICANT

HOME PHONE: ( )	CELL PHONE: ( )	WORK PHONE: ( )

REFERENCES

PLEASE PROVIDE THREE REFERENCES WHO CAN RECOMMEND YOUR CHARACTER

Name	Profession	Contact Phone Number
1)		
2)		
3)		

PLEASE PROVIDE THREE REFERENCES WHO CAN RECOMMEND
YOUR WORK QUALITIES

Name	Profession	Contact Phone Number
1)		
2)		
3)		

INTERNAL USE ONLY		
RESIDENCY IS SUBJECT TO:	DATE	ACTION
1).FAVORABLE INTERVIEWS WITH THE ADMISIOINS COMMITTEE &THE EXECUTIVE-DIRECTOR		
2.) SATISFACTORY REFERENCE REPORTS.		
3.) FAVORABLE REPORTS FROM OUTSIDE AGENCIES ON VERIFICATION OF INFORMATION SUPPLIED.		
4) CONDITIONAL ACCEPTANCE		ADMIT ./ REFER
5) PLACEMENT VISITATION DATES	From:	To: