



Application for Services

Name of Applicant:	Date of Application:
Social Security #:	Date of Birth:
Current Address:	Current Telephone #:
Current Residential Services Provider:	Current Residential Services Case Manager:
Current Residential Services Provider Address:	Current Residential Services Provider Telephone:
Current Vocational Setting/Day Services:	Current Vocational/Day Services Case Manager:
Current Vocational/Day Services Address:	Current Vocational/Day Services Telephone:
Responsible Party/Contact Person:	Responsible Party/Contact Person Telephone #:
Responsible Party/Contact Person Address:	Responsible Party/Contact Person e-mail:
Guardianship Status: <input type="checkbox"/> Person <input type="checkbox"/> Estate	Guardian Name & Relationship to Applicant:
Guardian Address:	Guardian Telephone #:
County of Residence:	Guardian e-mail:
Case/Care Manager Telephone #	Case/Care Manager:
	Case/Care Manager e-mail:

Family	Name	Address	Telephone and E-Mail	Date of Birth	If Deceased, Date of Death	Spouse / Significant Others
Father						
Mother						
Sibling						
Sibling						
Sibling						
Sibling						
Others						

Previous Residential Services/Placements: (please list last 3)		
Name	Type of facility	Dates attended:

Educational/Vocational/Employment History: (please list last 3)

Name	Type of facility	Dates attended:

Spiritual Participation

Religious Tradition:	
Primary place of worship:	
How often is worship practiced/mass attended, etc.:	

Power of Attorney and Advanced Directives: (Please indicate "None" when applicable.)

Advanced Directives (that is, Do-Not-Resuscitate Orders, Living will, etc.):	Yes: _____ No: _____ Unknown: _____ Explain: _____
Power of Attorney:	Yes: _____ No: _____ Unknown: _____
If not activated:	DURABLE: _____ ACTIVATED: _____ Date Drafted: _____ Last Reviewed: _____

Insurance Information: (Please indicate "None" when applicable.)

Medicare #: A effective: B effective: C effective:		WI Medical Assistance # or IPA#:	
Medicare Part D Plan Name:		Medicare Part D Plan information:	ID #: Group #: BIN #: RX #: PCN #: Issuer:
Medicare Part D Company Address:		Medicare Part D Company Telephone:	
Commercial Insurance Company Name:		Commercial Insurance Policy Number:	

Diagnosis:

Allergies: <i>(Please indicate "None" when applicable.)</i>	
Allergies to Medications:	
Other Allergies:	
Important Allergy Information:	

Current Medications:

Name of Medication	Dose/Time	Reason for Medication

Assistive Devices and Reasonable Accommodations Include:	
Device:	Purpose and use:

Height & Weight:	
Present Height:	
Weight Range over the past year:	
Present Weight:	
Diet:	
Favorite Foods:	
Foods to Avoid:	

Immunizations:

Immunization:	Last date given or confirmed:	Next Due:	Immunization:	Last date given or confirmed:	Next Due:
Tetanus:			TB:		
Flu:			Pneumovac:		
Hep B Status:			Polio:		
Other:					

Past Health: If the applicant has the following disease/illnesses, please list the approximate date					
Illness	Mark if yes	When?	Immunization:	Mark if yes	When?
Mumps			Whooping Cough		
Hepatitis			Rheumatic Fever		
Pneumonia			Measles		
Chicken Pox					

Seizure History	
Type:	
When did they start:	
How long do they usually last:	
Please describe a typical episode:	
Is there any indication ahead of time:	
Any noted behaviors after an episode:	

Significant Medical History: (Including significant labs, procedures, date/result of atlantoaxial screen and possible cause of MR)
Significant Family Medical History:

Significant Medical History: *(Including significant labs, procedures, date/result of atlantoaxial screen and possible cause of MR)*

Person	Type of illness	Outcome

Mental/Emotional/Behavioral Challenges: *(Include and past/current issues)*

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	Health Provider and Exam Date Information	Address	Telephone Number
Primary physician: Last exam date: Frequency of visit:			
Dentist: Last exam date: Frequency of visit:			
Vision (optometrist or ophthalmologist): Last exam date: Frequency of visit:			
Audiologist Last exam date: Frequency of visit:			
Psychiatrist: Last exam date: Frequency of visit:			
Laboratory tests: Last test date: Frequency of test:			
Pharmacy:			

LIFE AREA ASSESSMENT

Please complete the section below by circling the most appropriate option

LIFE AREA	Level of Support Needed			
	I= independent V= verbal prompt P=physical assistance N= could not do even with assistance			
HEALTH AND SAFETY				
	(circle one)			
Remains in home without staff supervision	I	V	P	N
Uses household appliances in a safe manner	I	V	P	N
Knows how to evacuate home in case of a fire	I	V	P	N
Dials a phone	I	V	P	N
Knows when it is appropriate to call 911	I	V	P	N
Walks away from strangers who approach from a car or on the street	I	V	P	N
Cleans and bandages cuts	I	V	P	N
Makes medical/dental appointments	I	V	P	N
Takes prescriptions and over the counter medications according to instruction	I	V	P	N
HOME MANAGEMENT AND MAINTENANCE				
Dusts furniture	I	V	P	N
Cleans/vacuums	I	V	P	N
Sweeps/mops	I	V	P	N
Keeps cupboards/drawers/closets organized	I	V	P	N
Washes/dries and stores dishes	I	V	P	N
Loads and empties dishes from a dishwasher	I	V	P	N
Wipes tables and counter tops	I	V	P	N
Takes out trash	I	V	P	N
Makes bed	I	V	P	N
Cleans bathroom	I	V	P	N
FINANCIAL MANAGEMENT				
Recognizes coins and their denominations	I	V	P	N
Recognized paper bills and their denominations	I	V	P	N
Budgets income	I	V	P	N
Deposits money into checking or savings accounts	I	V	P	N
Keeps checkbook in self possession	I	V	P	N
Pays/mails bills on time	I	V	P	N
Pays for purchases with cash	I	V	P	N
Pays for purchases with check	I	V	P	N
TIME MANAGEMENT				
Tells time by using clock or watch	I	V	P	N
Sets clock or watch to exact time	I	V	P	N
Sets alarm clock	I	V	P	N
Performs routine activities at scheduled times	I	V	P	N

MEAL PREPARATION				
Plans menus	I	V	P	N
Plans meals that include each of the four food groups	I	V	P	N
Makes shopping list	I	V	P	N
Purchases items from a shopping list	I	V	P	N
Prepares simple, cold foods (i.e.: cereal, sandwiches, salads, etc)	I	V	P	N
Prepares simple hot food (i.e.: toast, soup, etc)	I	V	P	N
Follows a recipe	I	V	P	N
Prepares bag lunch	I	V	P	N
Uses a microwave	I	V	P	N
Uses a stove top	I	V	P	N
Uses an oven	I	V	P	N
Operates small, kitchen appliances (i.e.: blender, mixer, toaster, coffee maker)	I	V	P	N
PERSONAL CARE				
Bathes/showers regularly	I	V	P	N
Regulates water temperature	I	V	P	N
Uses deodorant	I	V	P	N
Changes into clean clothes daily	I	V	P	N
Wears appropriate clothing for the place they are going	I	V	P	N
Wears appropriate clothing according to the weather	I	V	P	N
Brushes teeth at least daily	I	V	P	N
Uses mouthwash	I	V	P	N
Shaves	I	V	P	N
Cares for menstrual cycle	I	V	P	N
Keeps nails clean and trim	I	V	P	N
Keeps hair trimmed/styled	I	V	P	N
Washes hands regularly (i.e.: after toileting, before handling food, etc)	I	V	P	N
CLOTHING CARE				
Uses a washing machine/dryer	I	V	P	N
Sorts clothes before washing	I	V	P	N
Measures appropriate amount of laundry detergent	I	V	P	N
Folds/puts away clean laundry	I	V	P	N
COMMUNICATION				
Makes phone calls to friends to family	I	V	P	N
Looks up phone numbers	I	V	P	N
Follows 1 to 2 step directions	I	V	P	N
Follows multi-step directions	I	V	P	N
Reads mail	I	V	P	N
COMMUNITY MOBILITY				
Knows safety signs such a DANGER, DO NOT ENTER, ETC	I	V	P	N
Crosses streets at corners in the cross walk and looks both ways	I	V	P	N
Carries/knows emergency information (i.e.: medications, allergies, who to contact, etc)	I	V	P	N
Rides a bike and uses hand signals	I	V	P	N
Uses cab services	I	V	P	N
Walks to neighborhood sites (i.e.: churches, stores,) without getting lost	I	V	P	N
LEISURE/RECREATION/ COMMUNITY INVOLVEMENT				

Uses audiovisual equipment (i.e.: TV, VCR, DVD, CD)	I	V	P	N
Enjoys books, magazines, newspapers	I	V	P	N
Talks about current and community events	I	V	P	N
Uses public library	I	V	P	N
Exercises (i.e.: walks, jogs, swims, etc)	I	V	P	N
Participates in recreational activities (i.e.: fishing, skiing, boating, swimming, etc)	I	V	P	N
Participates in sporting activities and events	I	V	P	N
Participates in community education classes	I	V	P	N
Attends community events such as 4th of July, etc.	I	V	P	N
Does arts and crafts	I	V	P	N
Does gardening	I	V	P	N
Decorates for seasons/holidays	I	V	P	N
Plays instruments/sings	I	V	P	N
Attends cultural events (i.e.: plays, theater, etc)	I	V	P	N
Goes to movies/rents videos	I	V	P	N
Goes to bars/clubs	I	V	P	N
Goes to restaurants	I	V	P	N
Orders from menu	I	V	P	N
Uses a vending machine	I	V	P	N
Uses U.S. Post Office	I	V	P	N
Takes vacations	I	V	P	N
INTERPERSONAL CONNECTIONS				
Participates in spiritual community	I	V	P	N
Participates in civic/political groups	I	V	P	N
Participates in hobby groups	I	V	P	N
Associates appropriately with neighbors	I	V	P	N
Maintains personal relationships	I	V	P	N
Respects the privacy of roommate	I	V	P	N
Talks about sad feelings or moods with appropriate person	I	V	P	N
Expresses anger in a non aggressive manner	I	V	P	N
PERSONAL RIGHTS, SELF ADVOCACY AND LEGAL				
Votes in local, state and/or national elections	I	V	P	N
Knows who to contact to file a grievance complaint	I	V	P	N
Participates in community Advocacy events	I	V	P	N
Signs legal documents (i.e. leases, contracts, etc)	I	V	P	N

Banking/Financial Information:

Type	Bank Name	Authorized Signers
Savings:		
Checking:		
Other (explain):		

Other Financial Directives (e.g. spending limits, bank statement requests)

Income/Benefits and Expenses:

Income/Benefits/Funding Sources			
Income/Benefit Type	Person Has/Receives? (Yes, No)	Amount	Other info/contact person
Social Security:			
Medicare:			
Medicaid (MA):			
SSI:			
CIP/COP:			
Private Pay:			
DHS:			
Employment:			
Food Stamps:			
Veterans Administration Benefits (VA)			
Railroad (RR)			
Pension			
Life Insurance Policy			
Burial Trust			
Other assets (Certificate of deposit, 401K, stocks, bonds, trust, etc.):			