

Application for Transitional Apartment Program Lutheran Family Services

I. Personal Information

You may ask someone else to help you complete this form. If someone else is helping you complete this, please have the person helping answer the following questions.

Name: _____

Address: _____

Telephone: work: _____ home: _____

Please answer the following questions if you are filling out this form yourself.

Name: _____

Date of Birth: _____

Address: _____

Gender (M or F): _____

Race: _____

Soc. Sec. #: _____

Telephone Work: _____

Home: _____

County of Residence: _____

County of Financial Responsibility: _____

Contact Person: _____

Relationship: _____

Telephone Work: _____

Home: _____

Current Marital Status of Applicant: Married _____

US Citizen: Yes: _____

Single _____

No: _____

Widowed _____

Divorce _____

II. Legal Information

Are you your own guardian? Yes _____ No _____

Were you adjudicated incompetent by a court hearing? Yes _____ No _____

Effective Date: _____

Name of legal Guardian: _____

Telephone Home: _____ Work: _____

IV. Financial Information

What is your total annual income: (Employment plus benefits-check all the sources)

- 1. Social Security _____
- 2. Child Support _____
- 3. SSI _____
- 4. Family _____
- 5. SSDI _____
- 6. Veteran's Benefits _____
- 7. Employment _____
- 8. Other _____

Check all sources:

- 1. Checking _____
- 2. Trust fund _____
- 3. Savings _____
- 4. Real Property (value): _____
- 5. Certificate of Deposit: _____
- 6. Other _____

Financial Benefit Payee: _____ Relationship: _____
Financial Benefit Payee Telephone: Work: _____ Home: _____

V. Applicant's Insurance

Name of your Health Insurance Company: _____ Policy #: _____
Policy Holder's Name: _____ Group #: _____
Medicaid #: _____
Medicare #: _____

VI. Mental Health Information

Have you ever been diagnosed with a mental illness? _____ yes _____ no

If yes, what is your primary diagnosis:

What is your secondary diagnosis?

Do you take any medications for your mental illness? _____ yes _____ no

If yes, list by name: _____

Do you take your medications by yourself? _____ yes _____ no

Have you been hospitalized in the past year for a mental illness? _____ yes _____ no

Is any follow-up needed? _____ yes _____ no

Have you ever been diagnosed with a Developmental Disability? _____ yes _____ no

If yes, what is the primary diagnosis? _____

Do you take any medication for your developmental disability? _____ yes _____ no

If yes, list by name: _____

Do you take your medications by yourself? _____ yes _____ no

VII. Medical/Physical Information

1. Primary Diagnosis: _____

2. Secondary Diagnosis: _____

3. Other physical limitations? _____

Have you ever been diagnosed with a seizure problem? _____ yes _____ no

If yes to the previous question, "How old were you when you found out about your seizures?"
_____ years old.

What is the current status of your seizure problem and what medication(s) do you take for this problem: _____

Do you take any medications for your physical problems? _____ yes _____ no

Do you take your medications independently? _____ yes _____ no

Do you have any physical limitations? Ambulation _____ Sight _____
Hearing _____ Other _____

Please describe the physical limitations you checked: _____

Current Physical Illness: Type: _____ Treatment: _____

Type: _____ Treatment: _____

Have you been hospitalized in the past year for a physical condition? _____ yes _____ no

If yes, please explain: _____

Is any follow-up needed: _____

Do you have any allergies? _____ yes _____ no If yes, what are you allergic too?

VIII. Access to Transportation

Drives own car: _____ Taxi: _____ Other: _____

Uses Public Transportation: _____ Walks: _____

Specialized vehicle: _____

Rides with others: _____ Bike: _____

Do you have any problems with your current transportation? _____

Attachment A: Independent Living Skills

Indicate the level of assistance needed by circling the correct response:

	1. I can do myself	2. I need to be reminded	3. I need help
Toileting	1 2 3		
Laundry	1 2 3		
Taking Medications	1 2 3		
Dressing	1 2 3		
Leisure Activities	1 2 3		
Manage My Money	1 2 3		
Transportation	1 2 3		
Eating/drinking	1 2 3		
		Household Chores	1 2 3
		Grooming	1 2 3
		Grocery Shopping	1 2 3
		Simple Meal Prep	1 2 3
		Bathing	1 2 3
		Job/Daily Activities	1 2 3
		Other	1 2 3

If other, please explain: _____

Is there anything else we need to know? _____

Attachment B: Education

Current school (if applicable): _____ Grade: _____

Contact person: _____ Telephone: _____

Educational History:

Last school attended: _____ Highest grade completed: _____

Received High School Diploma (date): _____

Received Certificate (date): _____ Type of Certificate: _____

Received College Degree (date): _____ Type of Degree: _____

Other: _____

Would you like to go to school? _____ yes _____ no

If yes, check all that apply:

Home study _____

Technical Community College _____ where _____

Continuing Education Courses _____ where _____

Two Year College _____ where _____

Four Year College _____ where _____

Other _____ where _____

What classes, courses, programs would you like to take? _____

Attachment C: Day Activity Profile

1. Do you participate in a day activity or program? _____ yes _____ no

If yes, what type of activity or program (check all that apply)

a. day program _____ where? _____

b. volunteer work _____ where? _____

by yourself _____

with a group _____

with a job coach _____

c. Senior service activity program _____ where? _____

d. Arts program _____ where? _____

dance/movement _____

creative writing/poetry _____

drawing/painting _____

pottery _____

crafts _____

please describe: _____

singing _____

drama _____

other _____

a. How many hours per day do you participate? _____

2. Would you like to participate in a day activity program? _____ yes _____ no

a. would you like to attend a day program? _____ yes _____ no

where? _____

b. would you like to do volunteer work? _____ yes _____ no

by yourself _____

with a group _____

with a job coach _____

where? _____

c. would you like to participate in a senior service program? _____ yes _____ no

where? _____

d. would you like to participate in an arts program? _____ yes _____ no

where? _____

Attachment D: Employment

Employment History:

Have you ever worked? _____yes _____no

(even short periods and employment during school is important)

If yes, please complete the following information:

<u>Place of Employment</u>	<u>Date/Length</u>	<u>Reason for Leaving</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

What did you do at each job?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Attachment E: Residential Information

Where do you live?

With parents: _____ ICF/MR Group Homes: _____
 With relatives: _____ With friends: _____
 DDA Group Home: _____ Foster care: _____
 Supervised Apt: _____ Alternative Family Living: _____
 Apartment (alone): _____
 Owns Home: _____ (roommate): _____
 Other: _____ Family Care Home: _____

Residential History - Have you ever lived anywhere else?

<u>Dates(to/from)</u>	<u>Place</u>	<u>Address</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I am looking for a new residence because:

Family Issues: _____

Desire a change: _____

Reason: _____

Current residence will no longer be available: _____

Reason: _____

Other: _____

Reason: _____

Attachment F: Recreation & Leisure

Please list any clubs/organizations/groups in which you participate or have membership:

Name: _____

(please check all that apply)

_____ I attend meetings

_____ I am a member

_____ I am an officer/leader

_____ I am a volunteer

_____ I attend special events

_____ I am not active

Name: _____

(please check all that apply)

_____ I attend meetings

_____ I am a member

_____ I am an officer/leader

_____ I am a volunteer

_____ I attend special events

_____ I am not active

Name: _____

(please check all that apply)

_____ I attend meetings

_____ I am a member

_____ I am an officer/leader

_____ I am a volunteer

_____ I attend special events

_____ I am not active

In my free time I like to (check all that apply):

_____ spend time alone

_____ read

_____ travel

_____ watch TV

_____ listen to music

_____ go shopping

_____ watch/go to the movies

_____ write stories or poetry

_____ go to concerts

_____ visit with friends

_____ paint or draw

_____ go out on dates

_____ spend time with family

_____ dance

_____ make crafts

_____ go out to eat

_____ sing

_____ use a computer

_____ engage in physical fitness activities

where: _____

_____ play sports

name: _____

_____ go to church

where: _____

_____ other

explain: _____

_____ other

explain: _____

