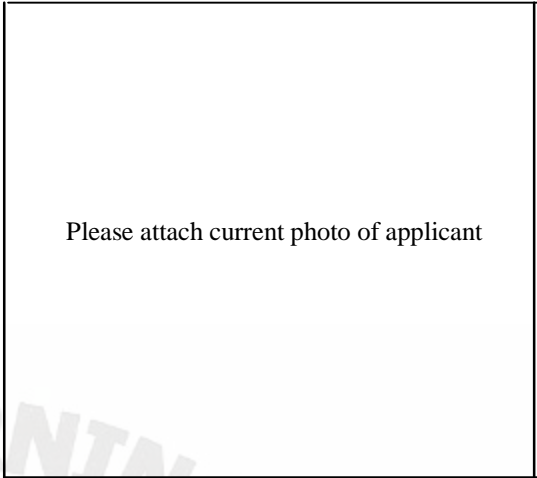


Oklahoma DDSD Group Home Providers

Application for Residential Services

Date of application:



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,

Zip Code _

, Zip Code _____

Phone

Phone, _____

Relationship to Applicant

Relationship to Applicant.

Employer (name, address, phone): _____

Are services being received through Home and 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, V.A., 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:

Medical Information

Current Physicians (names)

(Dentist, optometrist, allergist, etc.)

Phone Number

1. _____ ' _____

3.-.

5.

7.

Current Medications

Dosage/Frequency

Treatment

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Medication Allergies: _____

Environmental Allergies:

Food Allergies: _____

Animal Allergies: _____

Has applicant ever been hospitalized or had surgery?
reasons below:

Yes / No (circle one) If yes, give dates and

Explanation

1.

2.,

3..

4..

5.

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

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

Describe cause of developmental or physical disability and its onset (Down Syndrome, CP, stroke, etc.):

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

Type	Name of insurance co. & #	Covered under whose name?
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?.

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

Disease	Date (if available)	Disease	Date (if available)
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 Bathing
Hearing Aids	-----i_	Aids Transportation
Wheelchair	-----	Sleep Apnea Devices
Walker	-----	Ramp Prosthetic
Dentures	-----	Device
Braces	-----	

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, etc.)</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: _____ Phone #:

Types of work: _____

Name of Provider or Employer: _____ City, State: _____

Contact: _____

Admission/Hire Date: _____ Discharge/Termination Date: _____ Phone #:

Types of work: _____

Name of Provider or Employer: _____ City, State: _____

Contact: _____ , _____

Admission/Hire Date: _____ Discharge/Termination Date: _____ Phone #:

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 and 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. _____ , Mother's Name.

Address _____ Address _____

City, State. _____ .City, State.

Zip Code _ _____ Zip Code _

Phone _____ Phone _____

Employer _____ , Employer _____

Work Phone _____ . Work Phone _____

Social Security Number _____ . Social Security

Birthday (month & day) _____ Number. . Birthday
(month & day)

Sibling's Name. _____ .Sibling's Name.

Address _____ Address _____

City, State. _____ .City, State.

Zip Code _ _____ . Zip Code _

Phone _____ Phone _____

Sibling's Name. _____ .Sibling's Name.

Address _____ Address _____

City, State. _____ . City, State.

Zip Code _ _____ . Zip Code _

Phone _____ Phone _____

Sibling's Name. _____ .Sibling's Name.

Address _____ Address _____

City, State. _____ , City, State.

Zip Code _ _____ . Zip Code _

Phone _____ 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>
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1. Grooming Habits

Keeps hands and face clean

Bathes by

shower / tub (circle one)

Shampoos and 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 **2. Meal**

Time Skills Chews and

swallows food Feeds self

Uses eating utensils properly

Prepares simple foods (coffee,
cereal, soup, sandwich)

Uses a stove

Uses a microwave

Follows and prepares recipes

Washes dishes

Cleans Kitchen



	<i>Rarely</i>	<i>Sometimes</i>	<i>Always</i>	<i>Comments</i>
Has a hobby	_____	_____	_____	_____
Structures leisure time	_____	_____	_____	_____
6. Social Behavior				
Respects and relates positively to authority	_____	_____	_____	_____
Accepts criticism	_____	_____	_____	_____
Asks for help when needed	_____	_____	_____	_____
Accepts responsibility	_____	_____	_____	_____
Helps others	_____	_____	_____	_____
Listens and follows directions	_____	_____	_____	_____
Attends and completes tasks	_____	_____	_____	_____
Works well with others	_____	_____	_____	_____
Respects others' property	_____	_____	_____	_____
Shares and 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 and needs	_____	_____	_____	_____



Rarely

Sometimes

Always

Comments

7. Emergency Knowledge

Uses telephone

Can call 911

Knows emergency weather procedures

8. Vocational Behavior

Works willingly

Arrives promptly

Accepts supervision

Works _____ hours per day

Understands paycheck

9. Communication Skills

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 and hobbies:

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

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

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

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

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

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

