

APPLICATION FOR ADMISSIONS

Thank you for your interest in Home Place of Texas. Please complete and return the following items:

- Application
- Medical History
- Application Fee of \$50.00

A thorough answer to all questions is essential. In addition to these forms, we need copies of the applicant's most recent educational, psychological, and psychiatric evaluations (if available) as well as any other information that would be helpful in determining whether Home Place can meet the individual's needs. The Admissions Committee conducts a thorough study of the information provided, determines the placement availability and suitability of each applicant, and notifies you whether or not to continue with the next step in the application process. If you have any questions, please do not hesitate to call our office.

Sincerely,

HOME PLACE OF TEXAS

Staff

EQUIP
EMPOWER
ENCOURAGE

APPLICATION FOR DAY PROGRAM ADMISSIONS

PLEASE INCLUDE A \$50.00 APPLICATION FEE (NON-REFUNDABLE). THE APPLICATION WILL NOT BE REVIEWED UNLESS COMPLETE.

DATE OF APPLICATION: _____

CHECK ONE:

- Year-Round Day Program
 Summer Day Program

DATE PLACEMENT DESIRED: _____

Have you had previous experience in a Day Program: ___ Yes ___ No

If yes, when and where? _____

APPLICANT'S PERSONAL INFORMATION:

Form fields for personal information: LAST NAME, FIRST NAME, MI, STREET ADDRESS, CITY/STATE, ZIP CODE, CONTACT NUMBER, EMAIL, SEX, DATE OF BIRTH, PLACE OF BIRTH (CITY/STATE), AGE

Living Arrangements: ___ Independent ___ Family Member/Care Provider ___ Parent/Guardian ___ Care Provider/Group Home

WAIVER INFORMATION:

IS THE APPLICANT ENROLLED IN A WAIVER PROGRAM?

___ No (continue to Responsible Party on page 2) ___ Yes (continue below)

CIRCLE ONE [if applicable]: HCS TxHmL CLASS

NAME OF WAIVER PROVIDER LEVEL OF NEED

CASE MANAGER FIRST AND LAST NAME CASE MANAGER CONTACT NUMBER CASE MANAGER EMAIL

RESPONSIBLE PARTY:

DOES APPLICANT HAVE A LEGAL GUARDIAN? Yes No Applicant is their own Legal Guardian.

If yes, please provide information below of the Legal Guardian: [HPOTx will need documentation of Legal Guardianship]

NAME _____

TYPE OF GUARDIANSHIP: Full Property Limited Medical

DOES THE APPLICANT HAVE A LEGAL AUTHORIZED REPRESENTATIVE (LAR)? Yes No

If yes, please provide information below of the LAR: [HPOTx will need documentation of LAR]

NAME _____

RESPONSIBLE PARTY INFORMATION [person responsible for decision making and payments]

FIRST RESPONSIBLE PARTY:

NAME _____

Relationship
to Applicant _____

ADDRESS _____

CITY / STATE / ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

Can we use the
email above for
communication?

Circle one: Yes No

EMPLOYER _____

SECOND RESPONSIBLE PARTY:

NAME _____

Relationship
to Applicant _____

ADDRESS _____

CITY / STATE / ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

Can we use the
email above for
communication?

Circle one: Yes No

EMPLOYER _____

CAREGIVER INFORMATION [IF DIFFERENT FROM ABOVE]

NAME _____

ADDRESS _____

HOME NUMBER _____

CELL NUMBER _____

RELATIONSHIP
TO APPLICANT _____

CITY/STATE / ZIP _____

EMAIL ADDRESS _____

Can we use the
email above for
communication?

Circle one: Yes No

In the event Home Place of Texas must close due to weather conditions or must contact someone due to unexpected situations/emergencies, name the first and second person to be notified.

SELECT ONE TO BE THE **FIRST** PERSON TO BE NOTIFIED:

1 FIRST RESPONSIBLE PARTY:

SECOND RESPONSIBLE PARTY:

CAREGIVER:

SELECT ONE TO BE THE **SECOND** PERSON TO BE NOTIFIED:

2 FIRST RESPONSIBLE PARTY:

SECOND RESPONSIBLE PARTY:

CAREGIVER:

EMERGENCY CONTACT INFORMATION

[OTHER THAN RESPONSIBLE PARTY/CAREGIVER]

We will only ever contact these people in the event we cannot reach the parties listed above.

FIRST EMERGENCY CONTACT:

NAME _____

RELATIONSHIP TO APPLICANT _____

CONTACT NUMBER _____

SECOND EMERGENCY CONTACT:

NAME _____

RELATIONSHIP TO APPLICANT _____

CONTACT NUMBER _____

MEDICAL INFORMATION:

A **DIAGNOSIS**

PRIMARY: _____

AGE OF ONSET: _____

SECONDARY: _____

AGE OF ONSET: _____

TERTIARY: _____

AGE OF ONSET: _____

B **MEDICATIONS**

IS APPLICANT ON ANY REGULAR MEDICATIONS? ___ Yes ___ No

If yes, please list below: *[If more space is needed, attach a separate sheet of paper.]*

MEDICATION	DOSAGE/FREQUENCY	REASON	SIDE EFFECTS	NEEDS ASSISTANCE TAKING

DOES THE APPLICANT HAVE ANY MEDICATION ALLERGIES? ___ Yes ___ No

If yes, please list below:

C **ALLERGIES/DIETARY RESTRICTIONS**

DOES THE APPLICANT HAVE ANY FOOD ALLERGIES OR DIETARY RESTRICTIONS? ___ Yes ___ No

If yes, list any known allergies or dietary restrictions. What is (s)he **not** allowed to eat?

D SEIZURES

DOES THE APPLICANT HAVE SEIZURES? Yes No (If no, Skip to section E)

If yes, fill out below:

1. Frequency: Daily Weekly At least once a month Every Few Months
 Other (please specify): _____
2. Type/Description of Seizure: _____
3. Are seizures controlled by medication? Yes No
4. Date of last seizure: _____
5. Seizure notification procedure: _____

E ADDITIONAL MEDICAL INFORMATION

LIST ALL CURRENT DOCTORS/SPECIALISTS:

DOES THE APPLICANT HAVE ANY OTHER MEDICAL PROBLEMS NOT LISTED ABOVE? Yes No

If yes, please list:

F BEHAVIORAL

DOES THE APPLICANT HAVE A HISTORY OF BEHAVIORAL PROBLEMS? Yes No

If yes, please describe:

BACKGROUND INFORMATION

A. HIGH SCHOOL ATTENDED:

NAME OF SCHOOL _____	STREET ADDRESS _____	CITY / STATE / ZIP CODE _____
HIGHEST GRADE COMPLETED _____	DATES ATTENDED _____	

B. ADULT/VOCATIONAL PROGRAM(S) ATTENDED:

NAME OF PROGRAM _____	STREET ADDRESS _____	CITY / STATE / ZIP CODE _____	DATES ATTENDED _____
NAME OF PROGRAM _____	STREET ADDRESS _____	CITY / STATE / ZIP CODE _____	DATES ATTENDED _____
NAME OF PROGRAM _____	STREET ADDRESS _____	CITY / STATE / ZIP CODE _____	DATES ATTENDED _____

C. EMPLOYMENT HISTORY:

Is the applicant currently employed? ___ Yes ___ No

EMPLOYER NAME _____	SUPERVISOR NAME _____
STREET ADDRESS _____	CITY / STATE / ZIP _____
CONTACT NUMBER _____	JOB TITLE _____
POSITION DETAILS _____	

D. REFERENCES:

PLEASE PROVIDE (2) REFERENCES. (1) FROM A TEACHER AND (1) FROM A PERSONAL RELATIONSHIP

NAME _____	CONTACT NUMBER _____	RELATIONSHIP _____
NAME _____	CONTACT NUMBER _____	RELATIONSHIP _____

MONDAY - FRIDAY DAILY ROUTINE

A. DAILY ROUTINE. Describe applicant's daily routine.

B. SUPPORT/ASSISTANCE. Describe supported activity and the support used.

C. RESTRICTIONS. Describe any activities in which the applicant is restricted.

RESPONSIBLE PARTY QUESTIONNAIRE

1. What would you like the applicant to get out of attending HPOTx?

2. What things does the applicant like to do?

3. Does applicant go to church? Where?

4. Applicant's temperament? Passive or aggressive? Bite, hit, spit, pinch, scratch, pull hair, etc.?

5. What form of discipline works best with the applicant? Redirection, positive reinforcement, etc.?

6. Is the applicant toilet trained? Need reminders? Require changing? How often?

7. What is the applicant's developmental level of functioning?

8. How does the applicant communicate? (i.e., nonverbally, sign language, PECS, etc.)

9. Does the applicant require assistance with eating or drinking?

10. Applicant's least favorite activities are:

11. Please tell us anything that you feel we need to know to provide the best care for the applicant.

EMPOWER
ENCOURAGE
EQUITY

If the needs of the Applicant and the goals and expectations of the Responsible Person(s) appear to be a match for Home Place of Texas, such as match to be determined solely by Home Place of Texas, the Applicant, and his/her Responsible Person(s) may be scheduled for an interview.

If, after the interview, the Applicant appears to continue to be a match for Home Place of Texas, such match to be determined solely by Home Place of Texas, the Responsible Person(s) may be asked to give Home Place of Texas written authorization to obtain a credit report and/or verification of employment in those cases where fees for services are required. Or, as its sole discretion, Home Place of Texas may determine such other means as it considers sufficient to secure payment for services.

Upon receipt of satisfactory credit and employment information or other arrangements to secure payment, a services agreement may be offered to the Applicant and his/her Responsible Person(s), depending upon the services to be provided.

Applicant Signature

Date

Responsible Person Signature

Date

Responsible Person Signature

Date

APPLICANTS FOR SERVICES ARE NOT GUARANTEED ACCEPTANCE

DISCOVER
OUR
EMPOWER
ENCOUR