

13279 Audrey Lane | Grand Ledge, MI 48837

Resident Admission Application

# **General Information**

Name:

Birthdate:

Address:

City: State: Zip:

Parent/Guardian Name:

Address (If different):

Phone:  Email:

Please explain your relationship to the applicant.

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Do you have full or partial Guardianship?

Reason for Placement.

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# **Medical Information**

Has the applicant ever lived away from home?

If YES, where and for how long?

Please describe the applicant’s disability.

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Please describe how much assistance the applicant needs with grooming and daily living skills.

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Please list any special dietary concerns.

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Please list any allergies that the applicant might have. How are they controlled?

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Please list the applicant’s current medications and their uses.

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Please list any assistive devices that the applicant might use such as a walker, cane, wheelchair, etc.

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Has the applicant been hospitalized in the last five years?

If YES, for what reason?

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Does the applicant have any standing Physician appointments?

How many appointments per month does the applicant have?

For what purpose?

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# **Mental Health Information**

Has the applicant ever had an inpatient psychiatric stay?

 If YES, when and for what reason?

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What does the applicant do when s/he gets angry? Has s/he ever struck out physically?

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How does the applicant get along with others?

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# **Financial Information**

Please list any State, Federal, or private financial assistance that the applicant receives and the amounts.

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# **Spiritual Information**

 Does the applicant currently attend church?

 If YES, which church?

Does the applicant understand Biblical principles such as who Jesus is?

# **Social Information**

 List any special hobbies of the applicant?

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Does the applicant attend school? Work? Would like to work?

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Does the applicant enjoy group activities?

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Please explain why you feel the applicant would be appropriate for placement with the Chosen Vision.

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| Signature of Person completing form | Relationship to Applicant | Date |