

Application For Residential Services

Date Rec'd _____

Time Rec'd _____

PLEASE PRINT OR TYPE

Date: _____

Applicant's Name: _____

Last

First

Middle

Date of Birth: _____ Sex (OPTIONAL) Male Female

Social Security #: _____ Citizenship: _____

Medicaid #: _____ Phone: _____

Address: _____

City/State/Zip: _____

Is Any Household Member Enrolled in an institute of Higher Education? Yes No

Please list all other states applicant has resided in: _____

Is Any Household Member A Registered Lifetime Sex Offender in Any State: Yes No

Ethnic/Racial
Categories

*Definitions of these categories may be found on the reverse side.
There is no penalty for persons who do not complete this part.

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All That Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Current Living Situation (Check):

Family Domiciliary Home for Developmental Disabled Adults Currently Occupying HUD Assisted Unit
 ICF/ID-C Home Foster Home Other: _____

Legal Guardian's Name: _____

Relationship/Title: _____ Phone: _____

Email Address: _____

Case Manager's Name: _____

Agency: _____ Phone: _____

Email Address: _____



Family Information:

Father's Name: _____ Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Cell Phone: _____
Email Address: _____

Mother's Name: _____ Phone: _____
Address: _____ Work Phone: _____
City/State/Zip: _____ Cell Phone: _____
Email Address: _____

Applicant's Conditions(s) (check all that apply):

- Intellectual/Developmental Disability (ID/DD) (diagnosis): _____
- Autism
- Cerebral Palsy
- Epilepsy
- Learning Disability
- Visual Impairment (degree of impairment): _____
- Hearing Impairment (degree of impairment): _____
- Other Diagnosis: _____

Adaptive Protective Equipment Needed (e.g. furniture, wheelchair, crutches, etc.):

Education, Training, and Employment History (list last school or program first):

- 1. _____ From _____ To _____
- 2. _____ From _____ To _____
- 3. _____ From _____ To _____

Financial Support (list monthly amount received in each category as appropriate):

- Family: _____ Social Security: _____ SSI: _____
- Trust: _____ Job: _____ Other: _____
- Eligible for Medicaid: _____

Services That You Are Applying For (check all that apply):

- Residential ICF/ID-C Home (24 hour awake staff who provide medical and behavioral support)
- Domiciliary (home type of environment, but without 24 hours awake staff)
- Apartment (independent living with minimal support)

How did you hear about or services (i.e. Case Mgr, web site, ad, etc.)? _____

Person Completing Application: I certify that the information provided is complete and accurate.

Name: _____ Phone: _____
Relationship to Applicant: _____
Signature: _____ Date: _____
Applicant Signature: _____ Date: _____
Applicant's Name: _____

AUTONOMY CHECKLIST

	Yes	No	With Assistance
MEDICAL			
1. Can safely administer and store own medication without supervision			
2. Can administer emergency first aid			
3. Is aware of signs of personal illness and can request assistance			
4. Can handle routine illness with minimum support			
5. Can keep doctor's appointments			
6. Can follow routine medical instructions			
Comments: _____			
EMERGENCY			
1. Can recognize an emergency and respond appropriately			
2. Can evacuate in case of emergency, when necessary			
3. Can dial emergency number and request assistance			
4. Can understand and follow verbal instructions			
Comments: _____			
PERSONAL SKILLS			
1. Can have a house key			
2. Can go shopping			
3. Can manage personal grooming (bath, shower, wash hair)			
4. Can choose appropriate clothes to wear			
Comments: _____			
HOUSEKEEPING			
1. Can clean own room			
2. Can make the bed/change the bedding			
3. Can choose decorations for the room			
4. Can do minor household repairs (change light bulb)			
5. Can take out the trash			
6. Can do basic sewing/mending			
Comments: _____			
NUTRITION			
1. Can plan a menu			
2. Can purchase food			
3. Can operate appliances (stove, oven, microwave)			
4. Can use common kitchen tools (can opener, knife, measuring cup, grater, etc.)			
5. Can follow a recipe or make a meal			
6. Can set the table			
Comments: _____			



	Yes	No	With Assistance
LAUNDRY			
1. Can put dirty clothes in hamper			
2. Can sort clothes			
3. Can use washer and dryer			
4. Can iron clothes			
5. Can hand wash clothes			
6. Can fold clothes			
7. Can put clothes away			
Comments: _____			
FAMILY INTERACTION			
1. Can watch TV and discuss with family members			
2. Can help take care of siblings			
3. Can participate in family decisions			
4. Can plan family outings			
5. Can take care of pets			
Comments: _____			
SANITATION SAFETY			
1. Can prepare and store food safely			
2. Can handle waste disposal in a sanitary/safe fashion			
3. Can wash dishes and/or pots and pans			
4. Can maintain personal sanitation and hygiene			
Comments: _____			
PERSONAL SAFETY			
1. Can take responsibility for self when away from home			
2. Can take responsibility for and secure home and personal belongings			
3. Can use and maintain electrical and household appliances safely			
4. Can take responsibility for own sexual behavior			
Comments: _____			
FINANCIAL			
1. Can manage own money and/or bank account			
2. Can plan for use of money and make personal purchases			
3. Can be responsible for management and use of Food Stamps			
Comments: _____			
TRANSPORTATION			
1. Can routinely transport self independently (e.g. can use The Bus, Handivan, Handicab, or other means of transportation without assistance)			
2. Can request assistance, ask directions, or use telephone when necessary			
Comments: _____			

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.