

Stonebrook, Inc

APPLICATION FOR ADMISSION

Date of Application: _____

I. IDENTIFYING INFORMATION

Applicant's Name: _____

Present Address: _____

Permanent Address (if different from above):

Phone Number: _____ County of Residence: _____

Date of Birth: _____ Race: _____ Sex: _____ Marital Status: _____

Social Security Number: _____ Religious Preference: _____

Medicaid Number: _____ Medicare Number: _____

Referral Source: _____ Phone Number: _____

Primary Diagnosis:

Briefly State the Reason for Seeking

Admission: _____

Guardian/Parent Name: _____ Phone Number: _____

Address: _____

Relationship to Applicant: _____

II. FAMILY BACKGROUND

	<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Relationship</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

III. SOCIAL HISTORY

1. Describe the applicant's personality:

2. Who are the most important people in the applicant's life?

3. What is family's plan for future involvement?

4. How does the applicant get along with family members?

5. How does the applicant adjust to new situations and new people?

6. What are the applicant's likes?

7. What are the applicant's dislikes?

IV. EDUCATION/EMPLOYMENT HISTORY

1. Schools/Training/Vocational Training	Dates Attended	Address
---	----------------	---------

2. Last Grade Completed: _____

3. Regular Education: _____ Special Education: _____

4. Diploma Received: _____ Yes _____ No If yes, what kind? _____

5. List Work Experience:

<i>Employer's Name</i>	<i>Address</i>	<i>Dates of Employment</i>
------------------------	----------------	----------------------------

VI. MEDICAL/PSYCHIATRIC HISTORY (continued)

1. Please place a check () in front of all of the following tests and immunizations that the applicant has had and the year received:

<input checked="" type="checkbox"/>	Year	Immunization
		Tetanus Shot
		DPT
		Hepatitis B
		Polio
		Flu

<input checked="" type="checkbox"/>	Year	Test
		Physical Exam
		Chest X-Ray
		TB Skin Test

2. Has the applicant been screened for Hepatitis B? _____ Yes _____ No If not, screening must be completed and a copy of the results submitted to us in order to complete the application process.

3. Describe any physical disabilities (i.e., Cerebral Palsy):

4. Describe any unusual behaviors (sexual, aggressive, or psychological) exhibited by the applicant:

5. Is the applicant ever destructive or violent? _____ Yes _____ No If yes, please explain:

6. In each category, check the appropriate box that best describes the applicant's current functioning level:

<input checked="" type="checkbox"/>	ORIENTATION	<input checked="" type="checkbox"/>	AMBULATION	<input checked="" type="checkbox"/>	BLADDER CONTINENCE	<input checked="" type="checkbox"/>	BOWEL CONTINENCE	<input checked="" type="checkbox"/>	COMMUNICATION OF NEEDS
	Constantly Disoriented		Ambulatory		No bladder Control		Accidents more than once a week		Verbal
	Intermittently Disoriented		Semi-Ambulatory		Incontinent only at night		Accidents less than once a week		Non-Verbal (signs, pictures)
	Not disoriented		Non-ambulatory		Occasionally Incontinent		Continent		Uses Augmentative Device
			Needs Assistance with Transfers		Continent				Does Not Communicate

VII. CAPABILITIES

Check the appropriate box for each of the following:

FUNCTION	WITHOUT ASSISTANCE	WITH ASSISTANCE	NOT AT ALL
Shampoos Hair			
Bathes/Showers			
Brushes Teeth			
Combs Hair			
Dresses/Undresses Self			
Ties Shoes			
Feeds Self			
Shaves			
Menstrual Needs			
Makes Bed			
Cleans Room			
Cares for Clothing			
Cares for Personal Items			
Toilets			
Cooks Simple Meals			
Signs Own Name			
Tells Time			
Shops for Personal Needs			
Community Mobility			

VIII. FINANCIAL INFORMATION

1. Check the appropriate box and give the amounts received:

BENEFIT	YES	NO	AMOUNT RECEIVED PER MONTH
Social Security			
SSI (Supplemental Social Security)			
Medicaid			
Medicare Part A			
Medicare Part B			
Annuity			

2. If the applicant has private insurance, please provide the following information:

Name: _____ Phone: _____
Address: _____

3. Please list any other income or assets:

<i>Type of Income/Asset</i>	<i>Amount/Value</i>

IX. LEGAL STATUS

1. Is the applicant a U.S. citizen? ____ Yes ____ No If no, what is the applicant’s citizenship status? _____

2. Has the applicant ever been arrested? ____ Yes ____ No If yes, please explain: _____

X. ACKNOWLEDGEMENT

I certify that all the information on this application is accurate and complete to the best of my knowledge. I understand the information supplied here will be kept confidential and used for purposes of consideration for residential placement.

Signature of Applicant: _____ Date: _____
Witness: _____ Date: _____
Relationship to Applicant: _____

NOTE TO APPLICANT

This application must be accompanied by a recent (within one year) psychological evaluation. If accepted for admission, a report of medical examination and TB and Hepatitis test results will be required prior to admission. The submission of this application is not a guarantee of acceptance of admission.

OFFICE USE ONLY

Date Received: _____ Reviewed by: _____ Referral Source: _____
Trial Visit Scheduled: _____
Trial Placement: _____
Disposition: _____