**APPLICATION FOR ADMISSION**



**Work Services Program**:

3210 Labore Road, Vadnais Heights 55110

P: 651-789-6200

F: 651-770-7512

**Life Enrichment Program:**

1239 Willow Lake Blvd Ste 101, Vadnais Heights 55110

P:651-502-2271

F: 651-484-6793

**www.merrickinc.org**

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| **GENERAL INFORMATION** |
| Client Full Name | Date of Birth |
| Street Address | Residential Provider (if any) |
| City, Zip   | Residential Provider Phone |
| Home Phone | Residential Provider Contact Person |
| Email Address | Residential Contact’s Email Address |
| Funding Source  [ ]  CSSA [ ]    CADI [ ]   Waiver [ ]  Private Pay  [ ]    CDCS [ ]   CAC [ ]    MA [ ]  Other:  |
| Staff to client ratio required to meet personal care and other support needs:  [ ]    1:1 [ ]   1:2 [ ]   1:3 [ ]   1:4  [ ]    1:5 [ ]   1:6 [ ]   1:7   [ ]   1:8 [ ]   I do not know |
| How many days a week do you want to attend:  [ ]   1 [ ]   2 [ ]   3 [ ]   4 [ ]   5 [ ]   Open to whatever is availablePreferred days if less than 5 days selected:  |

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| Legal Representative | Main Phone |
| Address (if different from above) | Secondary Phone |
| Email Address | Relationship |
| Parent(s) Relatives if different from above | Relationship |
| Address | Main Phone |
| Email Address | Secondary Phone |

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| County Case Manager | Phone |
| County Case Manager Mailing Address | County of Financial Responsibility  |
| County Case Manager Email Address  |

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| **MEDICAL** |
| Primary Diagnosis | Physical Limitations |
| Seizures | Hearing Impairment |
| Vision Impairment | Other |
| Current Medications |
| Allergies/Dietary Needs |
| Other Medical Information |

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| **PERSONAL CARE** **(How much help do you need in these areas?)** |
| Dressing:  | Using the bathroom:  |
| Personal Hygiene:  | Other:  |
| Check all that Apply: |
| [ ]  Needs assistance ambulating | [ ]  Uses a wheelchair  |
| [ ]  Uses a walker  | [ ]   Uses a transfer belt  |
| [ ]   Wears glasses  | [ ]   Wears hearing aids  |
| [ ]   Wears AFO’s  | [ ]   Wears shoe inserts  |
| [ ]   Wears dentures  | [ ]   Other (specify):  |

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| **COMMUNICATION SKILLS**  |
| [ ]   Speaks Clearly[ ]   May be difficult to understand to unfamiliar listeners. [ ]   Uses an augmentative device for communication [ ]   Electronic Device [ ]   Sign Language  [ ]   Picture Symbol [ ]   Other:  | [ ]   Does not communicate verbally [ ]   Understands most things communicated to you [ ]   Special techniques are needed in order to understand directions     |
| How do you make your needs known? (i.e. when hungry, tired, upset, sick, etc.) |

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| **VOCATIONAL SKILLS** |
| **What type of placement would you feel is the most appropriate for your needs and abilities?****Please check the appropriate box(es):** |
|  [ ]   I would like help finding a community job that I will be able to be successful in with minimal support [ ]   I want to work in the community, but need help finding a job and will need a job coach with me [ ]   I want to work on-site in Merricks production area [ ]   I’m not sure if I want to work in the community but I’m willing to look into it [ ]   I prefer not to work |
| Has this person’s VRS counselor closed their case and do they have 511 documentation stating they are ineligible for services and are eligible for sub minimum wage [ ]   Yes [ ]   No [ ]   N/A the person is older than 24 |
| Comments: |
| List current work experience: |
| List previous employers, including school experience: |
| Type of preferred work tasks (check all that apply):  |
|  [ ]   Office work/clerical [ ]   Janitorial/cleaning [ ]   Packaging [ ]   Material Handling [ ]   Assembly [ ]   Food Service |  [ ]   Work requiring movement [ ]   Work while sitting [ ]   Working with few distractions [ ]   A variety of jobs [ ]   Retail [ ]   Other:  |
| How long are you able to stay on task, such as with work tasks? |
| Are you able to be unsupervised at home or in the community at this time? |

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| **SOCIAL COMMUNITY AND LEISURE SKILLS****(please list any social, community and leisure activities you enjoy doing)** |
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| **BEHVAIORAL CONSIDERATIONS****(please list anything that might help us in working with you: i.e. sensitivities, temper, activity level, etc.)** |
| How have these behaviors been successfully handled in the past? |

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| **TRANSPORTATION** |
| [ ]   I need a wheelchair lift[ ]   I sometimes have difficulty with other passengers[ ]   I am Metro certified[ ]   I am interested in becoming Metro certified | [ ]   I need an aid on board[ ]   I can ambulate up and down bus steps[ ]   I can transport myself[ ]    I will take public transportation or MetroMobility |

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| **DESIRED SERVICE AREA** |
| [ ]   Enhanced Services (work/leisure focus; 1:1, 1:2, 1:4 ratio)[ ]    Employment Services (Work crew-based services; typically, 1:4 or 1:6; clients work in the community)[ ]    Independent Employment Services (clients work independently, job coach checks in 1-2 times/week)[ ]    Utility Services – work focused; 1:8 ratio; clients work onsite at Merrick | [ ]   Life Enrichment Services – leisurely/community focused; for clients who have retired/chosen not to work[ ]   Positive Support Services/Individualized Home supports: provided separately or in addition to other services; at home or in the community[ ]    Undetermined |

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| **MISCELANEOUS** |
| Are you on other waiting lists? [ ]    No [ ]    Yes – Where?  |
| If you are currently in a school program, what program do you attend?  | When do you anticipate graduating? |
| If you are currently in another day program, what is the name of that program? | When would you be available to start at Merrick? |

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| Name of person completing application: | Date: |