**APPLICATION FOR ADMISSION**

A logo for a company

Description automatically generated

**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 available  Preferred 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: |