**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: [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  Open to whatever is available |
| If you want to attend less than 5 days a week, which days do you want to attend? [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  No preference |

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

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| County Case Manager | County Case Manager Phone |
| 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 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 |
| Is the applicant 24 years of age or older? [ ]  Yes [ ]  No If under 24 years of age, has the applicant’s VRS counselor closed their case? [ ]  Yes [ ]  No  Does the applicant have 511 documentation stating they are eligible for sub minimum wage? [ ]  Yes [ ]  No  |
| Comments: |
| List school, work, or volunteer 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:  |
| Are you able to be unsupervised at home or in the community at this time? [ ]  Yes [ ]  No  |

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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** |
| 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: |