**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:  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: |