**APPLICATION FOR ADMISSION**

 

**Work Services Program**

3210 Labore Road, Vadnais Hts, MN 55110

P: 651-789-6200

F: 651-770-7512

**Life Enrichment Program**

1239 Willow Lake Blvd Ste 101, Vadnais Hts, MN 55110

P:651-502-2271

F: 651-484-6793

[**www.merrickinc.org**](http://www.merrickinc.org)

**Schedule Your Tour**

To be added to our waitlist, a tour must be completed with the prospective client in attendance. To book your tour, visit [**www.merrickinc.org/tours**](http://www.merrickinc.org/tours)**.**

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| **Applicant Full Name:** | **Date of Birth:** |
| **Home Address:**  | **Primary Phone Number:**  |

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| **DESIRED SERVICE AREA** |
| [ ]  **Enhanced Services** (work/leisure focus with emphasis on behavioral supports; 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)[ ]  **Alternative Services** (50/50 hybrid structure of onsite work and rec/leisure; 1:4 ratio)\*\*Please note: individuals under the age of 25 will need to complete Vocational Rehabilitation Services (VRS) to be considered for placement in on-site employment services | [ ]  **Life Enrichment Services** (leisurely/community focused; for clients who have retired/chosen not to work; 1:1, 1:2, 1:4, 1:5, 1:6 ratio)[ ]  **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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| **GENERAL INFORMATION** |
| Residential Provider Contact Person | Residential Phone  |
| Residential Contact Email Address | Residential Provider  |
| Legal Representative Name  | Legal Representative Phone  |
| Legal Representative Address  | Legal Representative Email Address  |
| County Case Manager | County Case Manager Phone  |
| County of Financial Responsibility  | County Case Manager 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 |

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| **MEDICAL** |
| Primary Diagnosis | Physical Support Needs |
| Seizures | Sensory Needs  |
| Any daytime medications needed (i.e. anything other than AM/PM schedule)? If yes, what is the medication?  |
| Allergies/Dietary Needs |
| Other Medical Information |

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| **PERSONAL CARE****(i.e., 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  | [ ]  Does not communicate verbally [ ]  Understands most things communicated to you [ ]  Special techniques are needed to understand directions [ ]  Other:    |
| How do you make your needs known? (i.e. when hungry, tired, upset, sick, etc.) |

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| **VOCATIONAL INFORMATION** |
| **What type of placement would you feel is the most appropriate for your needs and abilities?****Please check the appropriate box(es):** |
| [ ]  I already have a job in the community; I just need some extra support [ ]  I’m interested in being a part of one of Merrick’s staffed community job crews[ ]  I want to work on-site in one of Merrick’s production areas[ ]  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 25 years of age or older? [ ]  Yes [ ]  No If under 25 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: |
| 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 INFORMATION** |
| Please share any social, recreational, or community-integration activities you enjoy doing:  |

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| **BEHAVIORAL CONSIDERATIONS** |
| Please list any behavioral considerations below. For example, sensitivities, triggers, what a bad day for you may look like, 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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| **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: |