**APPLICATION FOR ADMISSION**

A logo for a company

Description automatically generated

**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: |