

ADMISSION ASSESSMENT

FULL NAME

NICKNAME

BIRTH DATE

PRESENT ADDRESS

PROGRAM APPLYING FOR

Marion House

Christopher House

Edwards House

BIRTH PLACE

SOCIAL SECURITY NUMBER

MARITAL STATUS

FINANCIAL SOURCE

MEDICARE NO.

MEDICAID NO.

INSURANCE/BURIAL PLAN

TYPE OF POLICY

POLICY NUMBER

INSURANCE/BURIAL PLAN

TYPE OF POLICY

POLICY NUMBER

SEX

EYE COLOR

HAIR COLOR

HEIGHT

WEIGHT

RACE

RELIGIOUS PREFERENCE

IDENTIFYING MARKS

LANGUAGE SPOKEN/UNDERSTOOD

KNOWN ALLERGIES

LEGAL STATUS (Please check one)
 COMPETENT INCOMPETENT

CITIZENSHIP

NAME OF LEGAL GUARDIAN

ADDRESS

TELEPHONE

NAME/OF NEXT-OF-KIN

ADDRESS

TELEPHONE

FAMILY

SSN

BIRTH DATE

ADDRESS

FATHER

MOTHER

(Attach additional sheet if necessary)
 SIBLING

BIRTH DATE

SIBLING

SIBLING

SIBLING

ADMISSION ASSESSMENT

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Please check all that applicant is able to do:

Drink from a cup/glass

Comb hair/brush teeth, etc.

Attend to toilet needs alone.

Read

Converse with others

Talk

Follow simple instructions

Feed self

Sit alone

Travel independently

Write

Walk

Dress self

Undress self

Please comment on either of the above, or provide a description of the applicant's abilities:

If applicant has occasional toilet accidents, please explain:

Please check all aides required by the applicant:

Crutches

Special eating utensils

Hospital bed

Lift

Wheelchair

Leg brace

Other

Cane

Walker

Please check all diseases applicant has had:

Measles

Chicken-pox

Whooping Cough

Mumps

Other

If applicant has ever had an unusually high fever, please explain:

Does applicant have an Immunization Record? YES NO

Is it current? YES NO

PRESCRIBED MEDICATION:

DOSAGE

PURPOSE OF MEDICATION

1.

2.

3.

4.

5.

6.

Applicant's diagnosis is:

Cause of condition, if known:

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Please indicate HOSPITAL	DIAGNOSIS	DATE	DOCTOR	CITY/STATE
1.				
2.				
3.				
4.				
5.				
6.				

Have the mental level and functional abilities of the applicant been evaluated? YES NO If YES, please state:

Where did the evaluation take place?

Who performed the evaluation?

What is the evaluation date?

What were the evaluation results?

Please state special problems or needs the applicant has and comment on his or her abilities:

Applicant wears:

Glasses

Hearing Aid

Dentures

Other:

Can applicant maintain the device? YES NO If NO, what assistance will be required?

Applicant info:

Attended Regular school

Attended Special classes

Other school/program:

Makes friends easily

Accepts authority well

Has difficulty in relationships

Is unselfish with possessions

Accepts supervision well

Prefers to be alone

Prefers own age friends

Is inclined to take others' possessions

Prefers older friends

Prefers younger friends

Needs lots of attention

Participates well in group activities

Has hobbies

Has special interests

Enjoys classes

Other of note:

The applicant's hobbies are:

The applicant has training in:

The applicant has work interest in:

The applicant's special interests are:

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NAME

Please describe the applicant's attitude toward money, the ability to handle money, make purchases and protect unspent money:

If the applicant has physical disabilities, please describe:

If the applicant has nervous habits, fears, emotional stresses or aggressive behavior, please describe:

Please describe the applicant's sleeping pattern:

Please state the applicant's dietary likes and dislikes:

Please check all that apply:	<input type="checkbox"/> Hearing handicap	<input type="checkbox"/> Speech handicap
<input type="checkbox"/> Vision handicap	<input type="checkbox"/> Locomotion handicap	<input type="checkbox"/> Has Seizures

Please describe and state the extent of each handicapping condition:

Please check all that apply to applicant's family history	<input type="checkbox"/> Allergies	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Circulatory Disorders	<input type="checkbox"/> Other

Please comment as desired on items checked above:

Please provide any other information which may be useful in considering this applicant for admission:

Date	Applicant Signature
Date	Signature of person who helped applicant