

## **Preliminary Application**

Thank you for your interest in the College for Living program. Once this application along with at least one letter of recommendation is received you will be contacted to being the next steps.

<u>Applicant:</u>				
Applicant Name:	Email:			
Address:	City:	State/Zip Code:		
Phone Number:	Date of Birth:	Gender:		
		M F		
		Prefer not to respond		
Preferred Contact:				
Contact Name:	Email:			
Address:	City:	State/Zip Code:		
Phone Number:	Date of Birth:	Relationship:		

Guardian:				
Guardian Name:	Email:			
Address:	City:	State/Zip Code:		
Phone Number:	Date of Birth:	Relationship:		
Alternate Contact:				
Contact Name:	Email:			
Address:	City:	State/Zip Code:		
Phone Number:	Date of Birth:	: Relationship:		

Does the applicant have a legal guardian? If yes, complete the information below

YES

NO

## Monthly Income:

Source:	Amount:
Source:	Amount:
Source:	Amount:

## Meaningful Activities: Work/Volunteer/Day Program/Other

Location	Description	Hours per Week
1.		
2.		
3.		

## **Levels of Functioning**

Please circle the amount of assistance the applicant needs in the following areas. Consider **current** level of functioning.

	Independen t	Mild Assist	Moderate	High Assist	Total Assist
Toileting/ Personal Care	х	Х	х	Х	Х
Comments					
Ambulation	х	Х	x	х	Х
Comments					
Medication Self- Administration	х	×	x	×	×
Comments					
Supervision	х	Х	х	X	Х
Comments					
Use of Time Telling Devices	х	X	х	Х	х
Comments					
Communication	х	Х	х	Х	Х
Comments					
Safety	х	Х	x	Х	Х
Comments					

1.	Which level of the program is the applicant interested in?
	a. On-Campus Residency Program
	b. Commuter Program
	c. Both
2.	Is the applicant receiving services through a waiver program?
	a. Yes
	b. No
	i. If yes, which service?
3.	Is the applicant ready to being courses immediately pending completion of application
	process?
	a. Yes
	b. No
	i. If no, when would you like to start?
4.	If you are interested in the residency program, when would anticipate moving in?
	a. Immediately
	b. Within the next year
	c. Within 2-5 years
	d. Timing unclear
	e. Not applicable- only interested in commuter program

Comments:	
<del></del>	
Applicant Signature:	
Date:	
Contact/Guardian Signature:	
Date:	
Datc	