



305 8th Street Resident Application

Applicant Name: _____

<i>For office use only</i>	<i>Name of Location</i>	
<i>Date of Enrollment</i>	<i>Date of Admission</i>	
<i>Date of Discharge</i>	<i>Reason</i>	

Admissions Application

Please complete all blanks on this application. Completed the application does not ensure enrollment but is necessary for processing. Attach the following and send with your completed application to Jehovah Jirah, 305 8th Street, Huntsville, Alabama 35805:

- Recent Photograph and non-drivers state identification
- Copy of birth certificate
- Completed Medical Examination Form
- Recent Psychological Evaluation
- Social Security Summary
- Summary of applications character, behavior, "about me"

Applicant Name: _____
 Last First Middle

Current Address: _____
 Street City State Zip Code County

Mailing Address: _____
 (If different from above) Street City State Zip Code County

Telephone # _____ Social Security # _____

Referred by: _____
 Name Relationship to Applicant Application Date

DESCRIPTION OF INDIVIDUAL

Date of Birth _____ Place of Birth _____
 Religious Preference _____ Citizenship _____
 Marital Status _____ Has Referral been declared Legally Competent _____
 Sex _____ Race _____ Eye Color _____ Hair Color _____ Height _____ Weight _____
 Identifying Marks _____
 Language Spoken: _____

Prosthetics: (List all glasses, dentures, wheelchairs, etc.)



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APPLICANT'S FINANCIAL INFORMATION

*Additional sources of income needs to be filed on the Financial Assistance Document

INCOME:

Source	Amount	\$ Per Month	Payee

ADDITIONAL ASSETS (Trust Funds, 401(k), Savings, etc.):

Type	Amount / Value

INSURANCE

Insurance Type	Name of Company	Name of Policy Holder	Policy Number
Health / Medical (1)			
Health / Medical (2)			
Life			
Burial			
Other			

CURRENT DAY PROGRAMS / ACTIVITIES / TREATMENT

Current Employment/Day Program / School:

	Name		
	Address	Telephone	Supervisor

Include program name, assignments, job descriptions, accomplishments, earnings, and /or training. Please mark an X to activities in which transportation is provided.

Day of Week	Description	X
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is the applicant able to work, but not working? List past experience or reasons why individual would be capable.



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EMERGENCY CONTACT

Responsible Person / Legal Guardian:

	Last		First		Middle
Home Address:					
	Street	City	State	Zip	Telephone
Business Name/Address:					
	Street	City	State	Zip	Telephone
Other Emergency Contact:					
	Relationship		Name		Telephone
Other Emergency Contact:					
	Relationship		Name		Telephone

REFERRALS

Sponsor Name (or where is patient coming from): _____

How did you find out about our facility: _____

List Social Service Agencies, Hospitals, or Physician's where the patient may have received special treatment in the past:

Name of Agency	Reason for Services / Referral	Date Services Received

ADDITIONAL COMMENTS:

DEVELOPMENTAL HISTORY

TOILETING

Toilet trained	_____	Wets pants	_____	Soils pants	_____
Soils bed	_____	Goes sometimes	_____	Goes when taken	_____
		Indicates need	_____	Uses Diapers	_____

FEEDING

Adequate table manners	_____	Uses a knife	_____
Feeds self with fork	_____	Drinks from a glass	_____
Feeds self with spoon	_____	Uses hands to eat	_____



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SELF-HYGIENE ABILITIES AND SKILLS

Is the Applicant Able to:	Yes	No
Shower or take a bath alone		
Brush Teeth		
Shave Self		
Comb Hair		
Answers Phone		
Determine common dangers		
Dress themselves		

BEHAVIORAL HEALTH HISTORY (YES or NO)

Interacts with Peers _____ Good _____ Fair _____ Poor

If poor, list specific problem areas: _____

Physically Aggressive	_____	Destroys Property	_____
Abuses Self	_____	Masturbates Openly	_____
Temper Tantrums	_____	Sexually Active	_____
Drug Abuse	_____	Alcohol Abuse	_____
Addiction (or OCD Behavior)	_____	Mental Health Court	_____

Other Behavioral Problems (EXAMPLE: initial response to “no” or “you can’t do that”; response to schedule change)

Criminal Status: Please indicate any contacts with Law Enforcement / Indicate if case is Pending (This includes any interaction with Law Enforcement; calls made on the individual’s behalf, etc.) :



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Recreational Interest (EXAMPLES: enjoys cross word puzzles, knits, plays music, collects things, etc):

MEDICAL INFORMATION

DIAGNOSIS: 1 _____ 4 _____
 . _____ . _____
 2 _____ 5 _____
 . _____ . _____
 3 _____ 6 _____
 . _____ . _____

SUMMARIZE CONDITION: _____

	CURRENT MEDICATION	DOSAGE	REASON FOR MEDICATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

ALLERGIES (List medication and food allergies)

1. _____ 3. _____
2. _____ 4. _____



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PHYSICIANS

Physician: (Family M.D.)	Address (City, State, Zip)	Telephone
Date last seen	Reason for visit	
Physician: (Specialist)	Address (City, State, Zip)	Telephone
Date last seen	Reason for visit	
Physician: (Psychiatrist)	Address (City, State, Zip)	Telephone
Date last seen	Reason for visit	
Physician: (Dentist)	Address (City, State, Zip)	Telephone
Date last seen	Reason for visit	

LIST CURRENT THERAPY OR OTHER PHYSICIAN INFORMATION:

APPLICANT'S HISTORY

This information is useful in understanding a person's behavior, beliefs, and dominant ideologies. It is useful for therapist to understand a person's background to apply treatment.

Family	First	Last	Middle/Maiden	Living or Diseased (please list any cancer or other diseases prominent in family tree)
Mother:				
Father:				
Siblings:				
Children :				



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Birthplace:

Where did the applicant grow up, if not same as birthplace?

Date in which Mental Illness or Mental Retardation was evident:

Please list any special events that provoke excitement from the past or present?

Please list any special events that provoke anger from the past or present? Please list any physical and mental abuse from past.

Please list any hospital admissions and reasons in the last 5 years:

Additional Comments: