



**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 8<sup>th</sup> 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

**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:** \_\_\_\_\_

**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      | _____       |   |



**Applicant Name:** \_\_\_\_\_

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

|  |
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|  |
|  |

**APPLICANT'S FINANCIAL INFORMATION**

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

**INCOME:**

| <b>Source</b> | <b>Amount</b> | <b>\$ Per Month</b> | <b>Payee</b> |
|---------------|---------------|---------------------|--------------|
|               |               |                     |              |
|               |               |                     |              |
|               |               |                     |              |

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

| <b>Type</b> | <b>Amount / Value</b> |
|-------------|-----------------------|
|             |                       |
|             |                       |
|             |                       |

**INSURANCE**

| <b>Insurance Type</b>       | <b>Name of Company</b> | <b>Name of Policy Holder</b> | <b>Policy Number</b> |
|-----------------------------|------------------------|------------------------------|----------------------|
| <b>Health / Medical (1)</b> |                        |                              |                      |
| <b>Health / Medical (2)</b> |                        |                              |                      |
| <b>Life</b>                 |                        |                              |                      |
| <b>Burial</b>               |                        |                              |                      |
| <b>Other</b>                |                        |                              |                      |

**EMERGENCY CONTACT**

**Responsible Person / Legal Guardian:**

|                                 | <b>Last</b>  | <b>First</b> | <b>Middle</b>       |
|---------------------------------|--------------|--------------|---------------------|
| <b>Home Address:</b>            |              |              |                     |
|                                 | Street       | City         | State Zip Telephone |
| <b>Business Name/Address:</b>   |              |              |                     |
|                                 | Street       | City         | State Zip Telephone |
| <b>Other Emergency Contact:</b> | Relationship | Name         | Telephone           |
| <b>Other Emergency Contact:</b> | Relationship | Name         | Telephone           |

**REFERRALS**

**Sponsor Name (or where is patient coming from):** \_\_\_\_\_

**How did you find out about our facility:** \_\_\_\_\_



**Applicant Name:** \_\_\_\_\_

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**

|                           |                                       |                                 |
|---------------------------|---------------------------------------|---------------------------------|
| <b>Held up head</b> _____ | <b>AGE AT WHICH INDIVIDUAL FIRST:</b> | <b>Used words clearly</b> _____ |
| <b>Sat alone</b> _____    | <b>Crawled</b> _____                  | <b>Walked alone</b> _____       |
|                           | <b>Stood alone</b> _____              |                                 |

**TOILETING**

|                             |                             |                              |
|-----------------------------|-----------------------------|------------------------------|
| <b>Toilet trained</b> _____ | <b>Wets pants</b> _____     | <b>Soils pants</b> _____     |
| <b>Soils bed</b> _____      | <b>Goes sometimes</b> _____ | <b>Goes when taken</b> _____ |
|                             | <b>Indicates need</b> _____ | <b>Uses Diapers</b> _____    |

**FEEDING**

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <b>Adequate table manners</b> _____ | <b>Uses a knife</b> _____        |
| <b>Feeds self with fork</b> _____   | <b>Drinks from a glass</b> _____ |
| <b>Feeds self with spoon</b> _____  | <b>Uses hands to eat</b> _____   |

**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: \_\_\_\_\_

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



**Applicant Name:** \_\_\_\_\_

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

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**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):**

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**MEDICAL INFORMATION**

**DIAGNOSIS:**    1. \_\_\_\_\_ 4. \_\_\_\_\_  
                      2. \_\_\_\_\_ 5. \_\_\_\_\_  
                      3. \_\_\_\_\_ 6. \_\_\_\_\_

**SUMMARIZE CONDITION:**

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|    | <b>CURRENT MEDICATION</b> | <b>DOSAGE</b> | <b>REASON FOR MEDICATION</b> |
|----|---------------------------|---------------|------------------------------|
| 1. |                           |               |                              |
| 2. |                           |               |                              |
| 3. |                           |               |                              |
| 4. |                           |               |                              |
| 5. |                           |               |                              |
| 6. |                           |               |                              |
| 7. |                           |               |                              |
| 8. |                           |               |                              |
| 9. |                           |               |                              |



**Applicant Name:** \_\_\_\_\_

**ALLERGIES (List medication and food allergies)**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIANS**

|                                  |                                   |                  |
|----------------------------------|-----------------------------------|------------------|
| <b>Physician: (Family M.D.)</b>  | <b>Address (City, State, Zip)</b> | <b>Telephone</b> |
| <b>Date last seen</b>            | <b>Reason for visit</b>           |                  |
| <b>Physician: (Specialist)</b>   | <b>Address (City, State, Zip)</b> | <b>Telephone</b> |
| <b>Date last seen</b>            | <b>Reason for visit</b>           |                  |
| <b>Physician: (Psychiatrist)</b> | <b>Address (City, State, Zip)</b> | <b>Telephone</b> |
| <b>Date last seen</b>            | <b>Reason for visit</b>           |                  |
| <b>Physician: (Dentist)</b>      | <b>Address (City, State, Zip)</b> | <b>Telephone</b> |
| <b>Date last seen</b>            | <b>Reason for visit</b>           |                  |

**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) |
|------------------|-------|------|---------------|--|
| <b>Mother:</b>   |       |      |               |  |
| <b>Father:</b>   |       |      |               |  |
| <b>Siblings:</b> |       |      |               |  |
|                  |       |      |               |  |
|                  |       |      |               |  |
| <b>Children:</b> |       |      |               |  |
|                  |       |      |               |  |
|                  |       |      |               |  |
|                  |       |      |               |  |



**Applicant Name:** \_\_\_\_\_

**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:**