



For Internal Use Only
_____ Date Received
_____ Application Complete
_____ Psychological Evaluation Included
_____ Guardianship

The Enrichment Center Application for Day Program Enrollment

Please Print Clearly or Type

**I. Personal Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Gender(MorF) \_\_\_\_\_

Race: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Email Address \_\_\_\_\_

County of Residence: \_\_\_\_\_

County of Financial Responsibility \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Home: \_\_\_\_\_

Do You Live: Alone \_\_\_\_\_ US Citizen: Yes \_\_\_\_\_  
With Family \_\_\_\_\_  
In a Group Home \_\_\_\_\_ No \_\_\_\_\_  
Other \_\_\_\_\_

**II. Legal Information**

Are you your own guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you adjudicated Incompetent by a court hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name of legal Guardian: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

What type of guardianship:

\_\_\_\_\_ Guardian of the Person

\_\_\_\_\_ Guardian of Estate

\_\_\_\_\_ Partial/Limited Guardianship

Person to Notify in case of emergency: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: home \_\_\_\_\_ Work: \_\_\_\_\_

**\*\*Please include copy of guardianship documents.\*\***

### **III. Family Information**

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What is your relationship with your family?

Live with immediate family: \_\_\_\_\_ Visit Family: \_\_\_\_\_ Phone calls: \_\_\_\_\_

Live with extended family: \_\_\_\_\_ No contact: \_\_\_\_\_ Letters: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone#: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_

Work: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Siblings: \_\_\_\_\_

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**IV. Financial Information**

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What is your total annual income: (Employment plus benefits-check all the sources)

- 1. Social Security \_\_\_\_\_
- 2. Child Support \_\_\_\_\_
- 3. SSI \_\_\_\_\_
- 4. Family \_\_\_\_\_
- 5. SSDI \_\_\_\_\_
- 6. Veteran's Benefits \_\_\_\_\_
- 7. Employment \_\_\_\_\_
- 8. Other \_\_\_\_\_

Check all sources:

- 1. Checking \_\_\_\_\_
- 2. Trust fund \_\_\_\_\_
- 3. Savings \_\_\_\_\_
- 4. Real Property (Value): \_\_\_\_\_
- 5. Certificate of Deposit: \_\_\_\_\_
- 6. Other \_\_\_\_\_

Financial Benefit Payee: \_\_\_\_\_

Relationship: \_\_\_\_\_

Payee Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

**V. Applicant's Insurance**

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Name of your Health Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group#: \_\_\_\_\_

Medicaid # \_\_\_\_\_

Medicaid # \_\_\_\_\_

**VI. Medical/Physical Information**

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1. Do you have a developmental disability? \_\_\_\_\_

If yes, what is the diagnosis? \_\_\_\_\_

2. Have you ever been diagnoses with a mental illness? \_\_\_\_\_

If yes, what is the diagnosis? \_\_\_\_\_

3. What is your Primary Diagnosis? \_\_\_\_\_

4. What is your Secondary Diagnosis? \_\_\_\_\_

5. Other physical limitations: \_\_\_\_\_

Do you take any medications? \_\_\_\_\_ Do you take your medications independently? \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

Ambulation \_\_\_\_\_ Sight \_\_\_\_\_

Hearing \_\_\_\_\_ Other \_\_\_\_\_

Please describe the physical limitation you checked:

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Current Physical Illness:

Type: \_\_\_\_\_ Treatment: \_\_\_\_\_

Type: \_\_\_\_\_ Treatment: \_\_\_\_\_

Have you been hospitalized in the past year for a physical or mental condition?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

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Is any follow-up needed? If so, please explain.

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Do you have any allergies? \_\_\_\_\_yes \_\_\_\_\_no

What are you allergic to?

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**VII. Behavioral Information**

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The following is a list of behaviors. Please indicate how often these behaviors occur by checking under the category, which most clearly describes it?

Often	Sometimes	Never	
_____	_____	_____	Lying
_____	_____	_____	Refusing to follow instructions
_____	_____	_____	Fighting
_____	_____	_____	Playing with genitals
_____	_____	_____	Withdrawn
_____	_____	_____	Undressing at inappropriate times
_____	_____	_____	Running away
_____	_____	_____	Destroying property/clothing
_____	_____	_____	Aggressiveness
_____	_____	_____	Self-injurious
_____	_____	_____	Wandering off
_____	_____	_____	Anxiety
_____	_____	_____	Stealing
_____	_____	_____	Making loud noises
_____	_____	_____	Spitting
_____	_____	_____	Display unusual behaviors (please list below)
_____	_____	_____	Publicly displaying unacceptable sexual behaviors

Comments

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**VIII. Access to Transportation**

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Do you have reliable transportation that can get you to and from the day program?

\_\_\_\_\_ Yes or \_\_\_\_\_ No

**Attachment A: Education**

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Current school (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Educational History:

Last school attended: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Receive High School Diploma (date): \_\_\_\_\_

Received Certificate (date): \_\_\_\_\_

Type of Certificate: \_\_\_\_\_

In which category do you fall? Please check all that apply

- |  |                                      |
|--|--------------------------------------|
| _____ Autistic                         | _____ Intellectually Disabled-Mild   |
| _____ Other Health Impaired            | _____ Deaf/Blindness                 |
| _____ Intellectually Disabled-Moderate | _____ Orthopedically Impaired        |
| _____ Developmentally Delayed          | _____ Intellectually Disabled-Severe |
| _____ Speech Language Impaired         | _____ Emotionally Disabled           |
| _____ Specific Learning Disabled       | _____ Traumatic Brain Injured        |
| _____ Hearing Impaired                 | _____ Multi-Handicapped              |
| _____ Visually Impaired                | or _____ Other (list) _____          |

**IX. Interests**

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After your tour, what types of classes most interest you?

- |                          |                       |                      |
|--------------------------|-----------------------|----------------------|
| _____ music              | _____ pottery         | _____ daily living   |
| _____ dance              | _____ visual art      | _____ photography    |
| _____ drama              | _____ computer skills | _____ culinary class |
| _____ Horticulture class | _____ Functional Math | _____ Reading        |
| _____ Community Living   | _____ Jewelry making  | _____ Glass Mosaics  |
| _____ Exercise           | _____ Social Graces   |                      |

Would you like to attend The Enrichment Center \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time

If part time, how many days per week? \_\_\_\_\_

Hours per day? \_\_\_\_\_

**Attachment B: Employment**

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Employment History:

Have you ever worked? \_\_\_\_\_yes \_\_\_\_\_no

(even short periods and employment during school is important)

If yes, please complete the following information:

1. Place of Employment

\_\_\_\_\_

Date/Length \_\_\_\_\_

Task Performed

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

2. Place of Employment

\_\_\_\_\_

Date/Length \_\_\_\_\_

Task Performed

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

3. Place of Employment

\_\_\_\_\_

Date/Length \_\_\_\_\_

Task Performed

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Place of Employment

\_\_\_\_\_

Date/Length \_\_\_\_\_

Task Performed

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving

\_\_\_\_\_

**If you need additional space to describe your duties and work history, you may attach a resume or additional documents.**

Are you currently working? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please complete the following information:

Name of current employer:

\_\_\_\_\_

How long have you been working?

\_\_\_\_\_

How much do you make each hour?

\_\_\_\_\_

Are you interested in getting a job in the community? \_\_\_\_\_yes \_\_\_\_\_no

What would you like to do?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you need vocational training? \_\_\_\_\_yes \_\_\_\_\_no

What kind of assistance do you think you will need on a job?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachment C: Recreation & Leisure**

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In my free time I like to (check all that apply):

<input type="checkbox"/> spend time alone	<input type="checkbox"/> read	<input type="checkbox"/> travel
<input type="checkbox"/> watch tv	<input type="checkbox"/> listen to music	<input type="checkbox"/> shopping
<input type="checkbox"/> watch/go to the movies	<input type="checkbox"/> write stories or poetry	<input type="checkbox"/> go to concerts
<input type="checkbox"/> visit with friends	<input type="checkbox"/> paint or draw	<input type="checkbox"/> go on dates
<input type="checkbox"/> spend time with family	<input type="checkbox"/> dance	<input type="checkbox"/> make crafts
<input type="checkbox"/> go out to eat	<input type="checkbox"/> sing	<input type="checkbox"/> use a computer
<input type="checkbox"/> engage in physical fitness activities	where: _____	
<input type="checkbox"/> play sports	name: _____	
<input type="checkbox"/> go to church	where: _____	
<input type="checkbox"/> other	explain: _____	
<input type="checkbox"/> other	explain: _____	

**Attachment D: Current Situation**

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Indicate the level of assistance needed by circling the correct response:

1. I can do myself    2. I need to be reminded    3. I need help

Toileting	1 2 3	Household Chores	1 2 3
Laundry	1 2 3	Taking Medications	1 2 3
Grooming/hygiene	1 2 3	Grocery Shopping	1 2 3
Dressing	1 2 3	Simple Meal Prep	1 2 3
Leisure Activities	1 2 3	Bathing	1 2 3
Manage My Money	1 2 3	Job/Daily Activities	1 2 3
Transportation	1 2 3	Other	1 2 3
Eating/drinking	1 2 3	Communication/Socialization	1 2 3

If other, please explain: \_\_\_\_\_

Is there anything else we need to know?

\_\_\_\_\_

\_\_\_\_\_

Are you currently authorized to receive any one on one support services? \_\_\_\_\_

If yes, what service?

\_\_\_\_\_

Do you receive case management services? \_\_\_\_\_

If yes, list name of agency \_\_\_\_\_

Case manager name \_\_\_\_\_

Phone # \_\_\_\_\_

Agency \_\_\_\_\_

If no, would you like to be linked to case management? \_\_\_\_\_

Do you currently attend another day program? \_\_\_\_\_

If so, where and how many days a week?

\_\_\_\_\_

If no, what do you currently do during the day?

\_\_\_\_\_

You may use this section to tell us anything else you want us to know about yourself,  
what you need, what you want, what plans you have, what dreams you have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF MOST CURRENT PSYCHOLOGICAL EVALUATION\*\***

I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_