



Potential New Resident Information Sheet

Information provided on this form will be used for when residents conduct their visits so that our House Managers have a basic understanding of the potential new resident.

Name: _____

DOB: _____

Allergies: _____

Emergency Contact Information:

Name

Relationship

Phone Number



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 Eighth Street Community, 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

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.

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			

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: _____



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

Held up head _____	AGE AT WHICH INDIVIDUAL FIRST:	Used words clearly _____
Sat alone _____	Crawled _____	Walked alone _____
	Stood alone _____	

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 _____

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 _____



Applicant Name:_____

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.) :

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.			



Applicant Name:_____

ALLERGIES (List medication and food allergies)

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

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

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:				



Applicant Name:_____

Birthplace:

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

Date in which Mental illness or Intellectual Disability 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: