**APPLICATION FOR ADMISSION**

(Office Use Only)

Date Received:

1201 89th Avenue NE – Suite 105

Blaine, MN 55434

763-783-4909

FAX: 763-783-4725

**www.achieveservices.org**

|  |  |
| --- | --- |
| Last Name First Name Middle Name | Date of Birth |
| Street Address | Residential Provider (if any) |
| City Zip | Residential Provider Phone |
| Home Phone | Residential Provider Contact Person |
| Email Address | Contact’s Email Address |
| Funding Source  Medical Assistance  County Pay  Private Pay   Other | |

|  |  |
| --- | --- |
| Legal Representative | Main Phone |
| Address (if different from above) | Secondary Phone |
| Email Address | Relationship |
| Parent(s) Relatives if different from above | Relationship |
| Address | Main Phone |
| Email Address | Secondary Phone |

|  |  |
| --- | --- |
| County Case Manager | Phone |
| Mailing Address | County of Financial Responsibility |
| Email Address | |

|  |  |
| --- | --- |
| **MEDICAL** | |
| Primary Diagnosis | Physical Limitations |
| Seizures | Hearing Impairment |
| Vision Impairment | Other |
| Current Medications | |
| Allergies/Dietary Needs | |
| Other Medical Information | |

|  |  |
| --- | --- |
| **Personal Care (How much help do you need in these areas?)** | |
| Dressing: | Using the bathroom: |
| Personal Hygiene: | Other: |
| Check all that Apply: | |
| Needs assistance ambulating | Uses a wheelchair |
| Uses a walker | Uses a transfer belt |
| Wears glasses | Wears hearing aids |
| Wears AFO’s | Wears shoe inserts |
| Wears dentures | Other (specify) : |

|  |  |
| --- | --- |
| **Communication Skills (check all that apply)** | |
| Speaks Clearly | Does not communicate verbally |
| Can be hard to understand | Understands most things communicated to you |
| Can be understood only by those that know you well | Special techniques are needed in order to understand directions |
| Uses an augmentative device for communication  Electronic Device  Sign Language  Picture Symbol    Other: | Special techniques are needed in order to understand directions |
| How do you make your needs known? (i.e. when hungry, tired, upset, sick, etc.) | |

|  |  |
| --- | --- |
| **Vocational Skills** | |
| **What type of work placement would you feel is the most appropriate for your needs and abilities?**  **Please check the appropriate box(es):** | |
| I would like help finding a community job that I will be able to be successful in with minimal support  I’m not sure if I want to work in the community but I’m willing to look into it  I want to work in the community, but need help finding a job and will need a job coach with me  I want to work in Achieve’s production room  I am interested in working for part of the day in Achieve’s production room and part of the day on skill building  Work is not my priority; I have other needs that are more immediate | |
| Comments: | |
| How many days per week do you want to attend? A typical schedule is M-F, 6 hours/day | |
| List current work experience: | |
| List previous employers, including school experience: | |
| Type of preferred work tasks (check all that apply): | |
| Office work/clerical  Janitorial/cleaning  Packaging  Material Handling  Assembly  Food Service | Work requiring movement  Work while sitting  Working with few distractions  A variety of jobs  Retail  Other: |
| How long are you able to stay on task, such as with work tasks? | |
| Are you able to be unsupervised at home or in the community at this time? | |

|  |
| --- |
| **Social, Community and Leisure Skills**  **(please list any social, community and leisure activities you enjoy doing)** |
|  |

|  |
| --- |
| **Behavioral Considerations**  **(please list anything that might help us in working with you:**  **i.e. sensitivities, temper, activity level, etc.)** |
| How have these behaviors been successfully handled in the past? |

|  |  |
| --- | --- |
| **Transportation (please check all transportation requirements)** | |
| I need a wheelchair lift   I can transport myself   I sometimes have difficulty with other passengers | I need an aid on board   I will take public transportation or MetroMobility |

|  |  |
| --- | --- |
| Are you on other waiting lists?  No  Yes – Where? | |
| If you are currently in a school program, what program do you attend? | When do you anticipate graduating? |
| If you are currently in another day program, what is the name of that program? | When would you be available to start at Achieve? |

|  |  |
| --- | --- |
| Name of person completing application: | Date: |