**APPLICATION FOR ADMISSION**

(Office Use Only)

Date Received:

1201 89th Avenue NE – Suite 1100

Blaine, MN 55434

763-783-4909

FAX: 763-783-4725

**www.achieveservices.org**

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| Last Name First Name Middle Name | Date of Birth |
| Street Address | Home Phone |
| City Zip | Email Address |
| Residential Provider (if any) | PMI/MA Number |
| Residential Provider Contact Person | Contact’s Email Address |
| Residential Provider Phone |  |
| Funding Source [ ]  Medical Assistance Waiver [ ]  County Pay [ ]  CDCS [ ]   Other  |

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| 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 |

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

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

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| **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) :  |

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| **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 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.) |

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| **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? |

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

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| **Transportation (please check all transportation requirements)** |
| [ ]  I prefer to use Achieve’s transportation[ ]  I can transport myself[ ]  I need a wheelchair lift | [ ]  I sometimes have difficulty with other passengers[ ]  I need an aid on board[ ]  I will take public transportation or Metro Mobility |

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| 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? |

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| Name of person completing application: | Date: |