



PA & MEGAN'S PLACE

An Independent Living Community for Adults with Special Needs @ HIGH PLAINS

PLEASE RETURN APPLICATION
TO:

11461 S. Western
Amarillo, TX. 79118
Phone: 806.622.2272

RESIDENT APPLICATION

I. PERSONAL INFORMATION

Legal Name: (Last) _____ (First) _____ (Middle) _____

(Preferred) _____ (Maiden) _____ Age: _____ Gender: _____

Race: _____

Date of Birth: _____ Place of Birth: _____

Was Applicant Adopted? _____ Name of Legal Guardian(s) if any _____

Social Security Number: _____ Religion: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Home Address: _____ Home Phone Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

How long at present address? _____ Marital Status: Single _____ Married _____

Divorced _____ Separated _____

1. Does Applicant receive S.S.I? _____ Amount \$ _____ per month.
(Supplemental Security Income)

2. Does Applicant receive any additional Social Security or benefits? _____
Amount \$ _____ per month.

3. Does Applicant receive Medicaid benefits? _____ Medicaid # _____

4. Is Applicant insured under an insurance policy, if so, name of company _____
Member# _____ Group# _____ Who maintains it? _____

II. FAMILY INFORMATION

Father:

Legal Name: (Last) _____ (First) _____ (Middle) _____

(Preferred) _____ Age: _____ Current address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-Mail: _____ Race: _____ Occupation: _____

Legal Standing: None ___ Guardian ___ Trustee ___

Mother:

Legal Name: (Last) _____ (First) _____ (Middle) _____

(Maiden) _____ (Preferred) _____ Age: _____

Current address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

E-Mail: _____ Race: _____ Occupation: _____

Legal Standing: None ___ Guardian ___ Trustee ___

Brothers / Sisters Names:

Name City State Zip Phone #/E-Mail address

III. REFERENCES

Please list three people, (friends, relatives, minister, teacher or counselor) who know the Applicant and are a positive influence:

Name _____ *City* _____ *State* _____ *Zip* _____ *Phone number/E-Mail address* _____

IV. FAMILY HEALTH HISTORY

1. Please indicate by number the medical history of all of the people listed below:

Applicant	_____	1.	Alcohol Abuse
Mother	_____	2.	Drug Abuse
Father	_____	3.	Diabetes
Brothers/Sisters	_____	4.	Allergies
Maternal Grandmother	_____	5.	Cancer/Leukemia
Maternal Grandfather	_____	6.	Heart Disease
Paternal Grandmother	_____	7.	Kidney Disease
Paternal Grandfather	_____	8.	Epilepsy
Aunts	_____	9.	Tuberculosis
Uncles	_____	10.	Mental Illness

2. Please list all serious incidents of illness, injury or treatment of emotional problems for Applicant:

Approx. Date _____ *Illness/Injury* _____ *Treatment* _____ *Doctor/Hospital* _____

3. Has Applicant ever had surgery? _____
(Specify)

4. Has Applicant ever been pregnant? _____ Treated for VD/STD/s? _____ When? _____

5. Does Applicant have children? _____ If so please list their name(s) and age(s) _____

6. Please list all prescription medications Applicant has taken in the last three years and specific current meds:

<i>Medication</i>	<i>Dosage/Frequency</i>	<i>For treatment of</i>
<i>Doctor</i>		

(Please use back or another page if needed)

V. BIRTH HISTORY

Prenatal Care:

Physician: _____
Address: _____

Hospital: _____
Address: _____

Age at time of Applicant's birth: Mother: _____ Blood Type: Mother: _____
Father: _____ Father: _____
Length of Pregnancy: _____

Did mother experience any of the following during pregnancy?

	Circle One	During Which Month?
High Blood Pressure	YES NO	_____
Severe Morning Sickness	YES NO	_____
Operation	YES NO	_____
Measles	YES NO	_____
Flu	YES NO	_____
Treatment for Thyroid	YES NO	_____
Mumps	YES NO	_____
Bleeding /Spotting	YES NO	_____
Smoke Cigarettes	YES NO	_____
Drink Alcohol	YES NO	_____
Fever Blisters	YES NO	_____
Kidney Infection	YES NO	_____

Jaundice	YES	NO	_____
Hepatitis	YES	NO	_____
Hospitalization	YES	NO	_____
Any Other Illness	YES	NO	_____
X-Rays	YES	NO	_____
Accidents	YES	NO	_____
Other (Explain)	YES	NO	_____

Labor:

Spontaneous _____
 Induced _____
 Length _____
 Complications: _____

 Cesarean Section _____ Forceps _____ Breech _____

Problems at Birth: (Circle one)

Jaundice	YES	NO
Difficulty Breathing	YES	NO
Anemia	YES	NO
Infection	YES	NO
Rf Factor	YES	NO
Blood Transfusion	YES	NO
Rashes/Birth Marks	YES	NO

List any unusual findings/problems at birth: _____

Length of time in hospital: _____

Early Development: (indicate approximant age of accomplishment)

Following moving objects with eyes _____	Imitates Sounds _____
Hold head up _____	Use Single Words _____
Roll over _____	Feeds Self with Spoon _____
Sit unsupported _____	Toilet Trained _____
Crawl _____	Dress Independently _____
Walk unsupported _____	

Onset of Disability:

Age delays were first suspected _____

Type of disability _____
(Cerebral Palsy, Seizure Disorder, Mental Retardation, etc)

Has Mental Retardation been diagnosed? _____

When _____

By Whom _____

Health:

Allergies _____

Seizures

Type of seizures _____

Age of Onset _____

Frequency _____

Medication? (Name Only) _____

Hearing Difficulties YES ___ NO ___ Date of Last Exam _____

Explain _____

Does Applicant have a hearing device? _____

Visual Difficulties YES ___ NO ___ Date of Last Exam _____

Explain _____

Does Applicant wear glass or contacts? _____

Date of last Dental Exam _____ By Whom _____

Date of last Physical _____ By Whom _____

Special Diet (Explain) _____

List any medical problems Applicant has _____

Tasks:

Is Applicant able to live and perform daily care functions on their own? _____

What daily living tasks does Applicant need help with? _____

Explain _____

Is Applicant able to plan, prepare and cook meals? _____

Can Applicant wash or load a dishwasher? _____

Work History:

Job training Applicant has attended _____

Jobs Held	Start/End	Successful	Meaningful	Reason left
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

VI. BEHAVIOR

1. What are Applicant's interests/hobbies?

2. Which of the following identify Applicant's behavior:

- | | | |
|--|---|--|
| <input type="checkbox"/> Playing sports | <input type="checkbox"/> Watching television | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Played in school band | <input type="checkbox"/> Depression | <input type="checkbox"/> Sing in Choir |
| <input type="checkbox"/> Attention deficit | <input type="checkbox"/> School Activities | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Watching sports | <input type="checkbox"/> Watching movies | <input type="checkbox"/> Clubs |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Runaway | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Playing music | <input type="checkbox"/> Hanging out with friends | <input type="checkbox"/> Bed-wetting |
| <input type="checkbox"/> Playing video games | <input type="checkbox"/> Church activities | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Soiling pants | <input type="checkbox"/> Suicide attempt | <input type="checkbox"/> Overeating |
| <input type="checkbox"/> Injury to self | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Fire play/setting | <input type="checkbox"/> Sexually active | <input type="checkbox"/> Stealing |

Briefly explain: _____

3. Does Applicant enjoy church and related activities? _____

4. What kind of music does Applicant enjoy? _____

5. Who does Applicant look up to? _____

6. What does Applicant do well? _____
7. What is Applicant's greatest strength? _____
8. Who is Applicant's best friend? _____
9. Does Applicant date or have a close friend of the opposite sex? _____

10. Describe Applicant's behaviors and/or attitudes that are the most upsetting to you:

11. Has Applicant ever spent the night alone? _____ How many? _____
12. Has Applicant had a psychological evaluation? _____ How many? _____ When was the last one? _____ *A copy of the most recent evaluation should be enclosed.*
13. Has Applicant received professional counseling? _____

Name and address of counselor

_____ City _____ State _____ Zip _____

VII. EDUCATIONAL HISTORY

1. Highest grade completed: _____ Name of School: _____
Name of degree program _____
(Special Ed, etc.)
2. School address: _____ City: _____ State: _____ ZIP: _____
3. School phone: _____ Counselor: _____
4. What was Applicant's favorite subject? _____
5. What was Applicant's least favorite subject? _____
5. Has Applicant ever failed a grade or been held back? _____ Which grade?

7. Did Applicant get into trouble in school? _____
8. Has Applicant ever been suspended or expelled from school? _____

VIII. PLACEMENT HISTORY

Please list all places Applicant has lived when out of biological home (substitute placements or residency).

Friend/relative/own:

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>	<i>Reason placement ended.</i>
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Foster Home/Children's Home/Special Needs Home/Institution

<i>Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Date</i>	<i>Reason placement ended.</i>
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IX. GOALS OF RESIDENCY

1. What is Applicant's greatest need? _____

2. How will residence at "Pa & Megan's Place" meet those needs? _____

3. What can you do to help meet those needs while resident is at "Pa & Megan's Place"? _____

4. How often do you plan to have contact with Applicant during their residence? _____

5. How will their residence at "Pa & Megan's Place" effect your home life? _____

Please answer the following questions YES or NO or respond to the highlighted section.

1. Does Applicant lie for no apparent reason? _____
2. Does Applicant lie or blame others to cover his/her own behaviors? _____
3. Does Applicant follow simple instructions? _____
4. Does Applicant make excuses for not following instructions? _____
5. Does Applicant do household chores? _____
6. Does Applicant have a curfew? _____ Does Applicant keep the curfew? _____
7. Does Applicant accept correction? _____
8. Does Applicant have **one** best friend, a **few** close friends or **many** casual friends? _____
9. Does Applicant make friends easily? _____
10. Does Applicant lead or follow in relationships with others? _____
11. Does Applicant have close relationship with family members? _____
12. Does Applicant show affection to members of the family? _____
13. Does Applicant ever hurt him/herself? _____
14. Does Applicant ever hurt other people? _____
15. Does Applicant curse at family members? _____ Friends? _____ Other adults? _____
16. Does Applicant ever threaten to hurt him/herself or others? _____
17. Does Applicant steal from others? _____
18. Does Applicant destroy the property of others? _____
19. Does Applicant cry often or appear depressed? _____
20. Does Applicant show interest in the world around him/her? _____

Please answer the following questions briefly.

21. Describe Applicant's behavior when he/she is angry. _____

22. Describe Applicant's behavior in relationship to his/her age. _____

23. Describe Applicant's role in your family. _____

24. Describe how Applicant deals with conflicts. _____

25. Describe Applicant's self esteem. _____

26. Describe Applicant's personal hygiene. _____

X. CRIMINAL HISTORY

Applicant: _____ (Please list all arrests and charges involving Applicant)

<i>Date</i>	<i>Charges</i>	<i>Disposition</i>
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XI. COMMENTS

Please add any comments or other information you would like to share:

Applicant's Signature _____

Parent(s) Signature(s) _____

Managing Conservator
(if applicable)

Date _____

Date _____

Date _____