Arc of Maui County

140 N. Market Street, Suite 202B
Wailuku, Hawaii 96793

Residential Services Application

PLEASE PRINT OR TYPE **Date:_____**

Applicant's Name_____
Last First Middle

Date of Birth: _____ Sex: [ ] Male [ ] Female

Social Security #: _____-_____-_____ Citizenship: _____

Medicaid #:_____

Phone: (_____) _____-_____ Alternate phone: (_____) _____-_____

Address:_____

City/State/Zip:_____

Current Living Situation (Check):

[ ] Family [ ] Domiciliary Home for Developmentally Disabled [ ]Foster Home

[ ] ICF/ID-C [ ] Currently Occupying HUD [ ] Other: _____

Legal Guardian's Name : _____

Relationship/Title: _____ Phone: (_____) _____-_____

Email Address: _____

Case Manager's Name: _____

Agency: _____ Phone: (_____) _____-_____

Email Address: _____

Family Information:

Father's Name: _____ Phone: (_____) _____-_____

Address: _____ Work phone: (_____) _____-_____

City/State/Zip: _____ Cell phone: (_____) _____-_____

Email Address: _____

Mother's Name: _____ Phone: (_____) _____-_____

Address: _____ Work phone: (_____) _____-_____

City/State/Zip: _____ Cell phone: (_____) _____-_____

Email Address: _____

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Applicant's Condition(s) (Check all that apply):

[ ] Intellectual Disability (diagnosis): _____

[ ] Autism [ ] Cerebral Palsy [ ] Epilepsy [ ] Learning Disability

[ ] Visual Impairment (degree of impairment): _____

[ ] Hearing Impairment (degree of impairment): _____

[ ] Other Diagnosis: _____

Adaptive Protective Equipment Needed (e.g. furniture, wheelchair, crutches, etc.): _____

_____

Education, Training, and Employment History (list last school or program first):

1._____ From_____ To _____

2._____ From_____ To _____

3._____ From_____ To _____

Financial Support (list monthly amount received in each category as appropriate):

[ ] Family: _____ [ ] Social Security: _____ [ ] SSI: _____

[ ] Trust: _____ [ ] Job: _____ [ ] Other: _____

[ ] Eligible for Medicaid: _____

Residential Services That You Are Applying For (check all that apply):

[ ] ICF/ID-C Home - 24 hour awake staff who provide medical and behavioral support

[ ] Domiciliary - home type of environment, but without 24 hour awake staff

How did you hear about our services (i.e. Case Mgr, web site, ad, etc.)?_____

Person Completing Application: I certify that the information provided is complete and accurate.

Name: _____ Phone: (_____) _____-_____

Relationship to Applicant:_____

Signature: _____ Date: _____

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

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SKILLS CHECKLIST

MEDICAL	Yes	No	With Assist
1. Can safely administer and store own medications without supervision			
2. Can administer emergency first aid			
3. Is aware of signs of personal illness and can request assistance			
4. Can handle routine illness with minimum support			
5. Can keep doctor's appointments			
6. Can follow routine medical instructions			
Comments:			

EMERGENCY	Yes	No	With Assist
1. Can recognize an emergency and respond appropriately			
2. Can evacuate in case of emergency, when necessary			
3. Can dial emergency number and request assistance			
4. Can understand and follow verbal instructions			
Comments:			

PERSONAL SKILLS	Yes	No	With Assist
1. Can have a house key			
2. Can go shopping			
3. Can manage personal grooming (bath, shower, wash hair)			
4. Can choose appropriate clothes to wear			
Comments:			

HOUSEKEEPING	Yes	No	With Assist
1. Can clean own room			
2. Can make the bed/change the bedding			
3. Can choose decorations for the room			
4. Can do minor household repairs (change light bulb)			
5. Can take out the trash			
6. Can do basic sewing/mending			
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NUTRITION	Yes	No	With Assist
1. Can plan a menu			
2. Can purchase food			
3. Can operate appliances (stove, oven, microwave)			
4. Can use common kitchen tools (can opener, knife, measuring cup, grater, etc.)			
5. Can follow a recipe or make a meal			
6. Can set the table			
Comments:			

LAUNDRY	Yes	No	With Assist
1. Can put dirty clothes in hamper			
2. Can sort clothes			
3. Can use washer and dryer			
4. Can iron clothes			
5. Can hand wash clothes			
6. Can fold clothes			
7. Can put clothes away			
Comments:			

FAMILY INTERACTION	Yes	No	With Assist
1. Can watch TV and discuss with family members			
2. Can help take care of siblings			
3. Can participate in family decisions			
4. Can plan family outings			
5. Can take care of pets			
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SANITATION SAFETY	Yes	No	With Assist
1. Can prepare and store food safely			
2. Can handle waste disposal in a sanitary/safe fashion			
3. Can wash the dishes and/or pots and pans			
4. Can maintain personal sanitation and hygiene			
Comments:			

PERSONAL SAFETY	Yes	No	With Assist
1. Can take responsibility for self when away from home			
2. Can take responsibility for and secure home and personal belongings			
3. Can use and maintain electrical and household appliances safely			
4. Can take responsibility for own sexual behavior			
Comments:			

FINANCIAL	Yes	No	With Assist
1. Can manage own money and/or bank account			
2. Can plan for use of money and make personal purchases			
3. Can be responsible for management and use of Food Stamps			
Comments:			

TRANSPORTATION	Yes	No	With Assist
1. Can routinely transport self independently (e.g. can use the bus, Handivan, or other means of transportation without assistance)			
2. Can request assistance, ask directions, or use telephone when necessary			
Comments:			