

INREACH

**4014 Monroe Rd.
Building #4, Suite 170
Charlotte, NC 28205
(704) 536-6661**



Date of application _____

Time of application _____ **(HUD Requirement)**

Residential Application

Note: all applicants must be 18 years of age or older and have an Intellectual/Developmental Disability.

Applicant is interested in (Check all that apply)

Group Home

AFL

Mother Teresa Villa (12-plex)

Independent Living Condo

Unit size needed for Villa or Condo:

1BR

2BR

How did you find out about InReach?

Part 1 Personal Information:

Name of applicant: _____

Social Security Number _____ - _____ - _____

(Please provide copy of SS Card)

Email: _____ **Phone:** _____ **TTY:** _____

Current address: _____

City: _____ **State:** _____ **Zip code:** _____

Current phone number: _____ Date of Birth: _____ (attach birth cert.)

Sex: M F Place of Birth _____

States where applicant has resided: _____

Race/Ethnicity: White Black American Indian Alaska Native
 Asian Native Hawaiian or Other Pacific Islander
 Hispanic or Latino Other

Does Applicant live at home with parents: Yes No

If "Yes", please provide: _____

Name of parent: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Does applicant have a legal guardian (Court Appointed): Yes No

If yes, please provide guardian's contact information:

Name: _____ Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Is applicant or any member of his/her household subject to a lifetime state sex offender registration program? Yes No

Has applicant ever been arrested for drug or criminal activity? Yes No
If yes, please provide details. (Date of arrest, reason for arrest, disposition of case)

Please be advised that applicants will be required to sign a Consent for InReach to do a criminal background check.

Please provide name, address & telephone number of any previous landlords:

Applicant is 62 years or older as of 1/31/10 and does not have a Social Security Number and was receiving HUD rental assistance at another location: Yes No

Applicant in US Military Veteran: Yes No

Applicant seeking housing as a result of Presidentially declared disaster: Yes No

Part 2 Vocational Information:

A). Name of current Job/Day Placement Agency (if applicable): _____

Contact Person: _____ Phone: _____

B). If Employed please give:

Name of employer: _____ Phone: _____

Address: _____ City: _____

Supervisor's name: _____ Title: _____

Does applicant have a job coach? Yes No If yes, please provide:

Job Coach's name: _____ Phone: _____

Agency Name: _____

Part 3 Financial Information:

Income Resources for Applicant and Household:

Applicant: Monthly Wages(job) _____

Monthly Social Security Benefits _____

Other Income _____

Does the applicant or any member who will be living with the applicant have assets which generate monthly income? If so, please complete the following:

Type of Asset	Location of Asset	Current Value of Asset	Rate of Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Medicaid Card # _____ Applicant Medicare Card # _____

Does applicant have a Medicare Prescription Drug Card? Yes No
If yes, please provide a copy of the card.

Part 4 Tailored Care Manager/Care Coordinator Information:

Do you have Innovations Waiver services? Yes No If yes, please list below.

Do you have 1915 (i) Waiver services? Yes No If yes, please list below.

Tailored Care Manager/Care Coordinator's Name: _____

Phone: _____

Name of Agency: _____

Comments: _____

Part 5 Medical Necessity:

*Please enclose any professional documentation with application that describes applicant's strengths and weaknesses.

Applicant's disability is (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Borderline IQ | <input type="checkbox"/> Mild I/DD | <input type="checkbox"/> Moderate I/DD |
| <input type="checkbox"/> Severe I/DD | <input type="checkbox"/> Profound I/DD | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Illness |

Other (please describe): _____

Please check if applicant exhibits any of the following behaviors (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Refusing to obey/follow | <input type="checkbox"/> Fainting | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Scratching | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Setting Fires | <input type="checkbox"/> Pica(eats non edible objects) | |
| <input type="checkbox"/> Wandering/Elopement | <input type="checkbox"/> Self-injurious behaviors | |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Habitual or Repetitive speech patterns | |
| <input type="checkbox"/> Screaming | <input type="checkbox"/> Abusive Behavior | |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Habitual Behaviors | |

Other unusual or problematic behaviors (describe) : _____

Does the applicant have a behavioral support plan? Yes No

Does the applicant require physical restraints? Yes No Please explain:

If any of the above are checked, please complete the following:

Behavior problem	What seems to cause problem	How often does it occur	How is problem handled
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Part 6 Self-Help/Daily Living Skills:

1. **Mobility (Check all that apply)**

- Applicant is ambulatory
- Applicant requires assistance with ambulation (describe assistance) _____

- Applicant totally independent in getting from place to place (can arrange transportation or ride city bus) with directions
- Applicant rides county or special transportation with assistance or knows only one route
- Applicant needs much assistance in getting from place to place

2. Meal Preparation

- | | |
|---|---|
| <input type="checkbox"/> Uses stove & oven | <input type="checkbox"/> Uses microwave |
| <input type="checkbox"/> Cooks entire meals | <input type="checkbox"/> Can prepare simple meals |
| <input type="checkbox"/> Can prepare snacks | <input type="checkbox"/> All meals must be prepared |

3. Chore completion:

- Completes many chores independently
- Completes chores with prompts
- Completes chores with assistance
- Needs supervision at all times while doing chores
- Does no chores

4. Communication:

- Speaks clearly 7 or more worded sentences
- Speaks 3 or more worded sentences with some words not understandable
- Uses one-word expressions
- Uses gestures and/or movements

5. Social Interactions:

- Often & with ease
- Initiates with staff & peers
- Initiates with staff only
- With prompts
- Infrequently
- Does not initiate social interaction
- Avoids social interaction

6. Grooming:

- | | | |
|----------------|---|---|
| <u>Bathing</u> | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs prompts |
| | <input type="checkbox"/> Needs Assistance | <input type="checkbox"/> Total Assistance |

- | | | |
|-------------------|--|---|
| <u>Shampooing</u> | <input type="checkbox"/> Independent | |
| | <input type="checkbox"/> Needs Prompts | <input type="checkbox"/> Total assistance |

Shaving Independent
 Needs prompts
 Needs total assistance

Care of hair/Teeth Independent Needs Prompts
 Total Assistance Not Applicable

7. **Dressing:**
 Independently chooses appropriate clothing & dresses
 Can dress self, but does not choose appropriate clothing
 Can dress with prompts
 Can dress with assistance
 Needs total care in dressing, dependent on others

8. **Toileting:**
 Self toileting Toilets independently on a schedule
 Needs assistance Not toilet trained, uses diapers

9. **Menstruation:**
 Independently cares for self Not applicable
 Needs reminders and assistance Needs total assistance
 Has no menses

10. **Bedtime routine:**
Time retires- _____
 Needs some prompting
 Independent in routine
 Needs assistance (please indicate what type of assistance)
 Needs total assistance at bedtime

11. Please list applicant’s favorite activities.

12. Supervision required (Please check all that apply)

- Needs 100% supervision at all times within the home even during sleep time
- Needs supervision most of the time within the home but not during sleep time
- Can be left alone to perform tasks. If so, how long? _____
- Needs 100% supervision at all times within the community
- Can go on short outings alone (30 minutes)
- Can go on longer outings alone (1 hour or more)
- Can be independent in the community

**InReach does not provide awake staffing during sleep time*

Part 7 Medical Information:

Current health needs (write “none” if not needed): _____

Does applicant have seizures? Yes No

If yes, please describe them (i.e. - type, duration, frequency, intervention required, known triggers)

Medications

What medications does the applicant take?

Medication Name	Dosage	Purpose	How often
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Part 8 Other Information/Special Accommodations Needed:

Please use the space below to tell anything else about yourself such as special accommodations needed, (i.e. wheelchair accessible unit, urgent need for housing, etc.), or anything else that you would like the admission committee to know.

Part 9 Signatures:

By signing below I verify that the information above is true and accurate to the best of my knowledge. I also verify that this application may also be used as an application for HUD housing operated by InReach.

Signature of legally responsible person: _____ Date: _____

Please review the last page.

We will need to have the following items to complete your application. However, your name will be added to our waiting list when we receive this portion of the application.

- **Psychological evaluation**
- **Person Centered Plan/Individual Service Plan**
- **A completed and signed authorization for InReach to do a background check**

Prior to admission into a residential program, NC State law requires each person to have a physical and dental exam done within 30 days prior to admission. InReach will supply the correct forms to be used.

Completed Applications should be submitted to:

**InReach
4014 Monroe Rd., Building #4 Suite 170
Charlotte, NC 28205
Attn: Residential Applications
or email to Lgougeon@inreachnc.org**

InReach does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**Section 504 Coordinator: Lori Gougeon
4014 Monroe Rd.
Building #4, Suite 170
Charlotte, NC 28205
(704)536-6661**