



**THE ENRICHMENT
C E N T E R**
An Affiliated Chapter of The Arc

For Internal Use Only	
_____	Date Received
_____	Application Complete
_____	Psychological Evaluation Included
_____	Guardianship

The Enrichment Center Application for Day Program Enrollment

Please Print Clearly or Type

I. Personal Information

Name: _____

Date of Birth: _____

Address: _____

Gender(MorF) _____

Race: _____

Telephone Work: _____

Email Address _____

County of Residence: _____

County of Financial Responsibility _____

Contact Person: _____

Relationship _____

Telephone Work: _____

Home: _____

Do You Live: Alone _____ US Citizen: Yes _____
 With Family _____
 In a Group Home _____ No _____
 Other _____

II. Legal Information

Are you your own guardian? Yes _____ No _____

Were you adjudicated Incompetent by a court hearing? Yes _____ No _____

Effective Date: _____

Name of legal Guardian: _____

Telephone Home: _____ Work: _____

Address: _____

Relationship: _____

What type of guardianship:

_____ Guardian of the Person

_____ Guardian of Estate

_____ Partial/Limited Guardianship

Person to Notify in case of emergency: Name: _____

Relationship: _____

Telephone: home _____ Work: _____

****Please include copy of guardianship documents.****

III. Family Information

What is your relationship with your family?

Live with immediate family: _____ Visit Family: _____ Phone calls: _____

Live with extended family: _____ No contact: _____ Letters: _____

Father's Name: _____

Telephone#: Home: _____

Work: _____

Address: _____

Place of Employment: _____

Work Hours: _____

Mother's Name: _____

Telephone # Home: _____

Work: _____

Address: _____

Place of Employment: _____

Work Hours: _____

Siblings: _____

I

IV. Financial Information

What is your total annual income: (Employment plus benefits-check all the sources)

- 1. Social Security _____
- 2. Child Support _____
- 3. SSI _____
- 4. Family _____
- 5. SSDI _____
- 6. Veteran's Benefits _____
- 7. Employment _____
- 8. Other _____

Check all sources:

- 1. Checking _____
- 2. Trust fund _____
- 3. Savings _____
- 4. Real Property (Value): _____
- 5. Certificate of Deposit: _____
- 6. Other _____

Financial Benefit Payee: _____

Relationship: _____

Payee Telephone: Work: _____ Home: _____

V. Applicant's Insurance

Name of your Health Insurance Company: _____

Policy#: _____

Policy Holder's Name: _____

Group#: _____

Medicaid # _____

Medicaid # _____

VI. Medical/Physical Information

1. Do you have a developmental disability? _____

If yes, what is the diagnosis? _____

2. Have you ever been diagnoses with a mental illness? _____

If yes, what is the diagnosis? _____

3. What is your Primary Diagnosis? _____

4. What is your Secondary Diagnosis? _____

5. Other physical limitations: _____

Do you take any medications? _____ Do you take your medications independently? _____

Do you have any physical limitations? _____

Ambulation _____ Sight _____

Hearing _____ Other _____

Please describe the physical limitation you checked:

Current Physical Illness:

Type: _____ Treatment: _____

Type: _____ Treatment: _____

Have you been hospitalized in the past year for a physical or mental condition?

_____yes _____no

If yes, please explain:

Is any follow-up needed? If so, please explain.

Do you have any allergies? _____yes _____no

What are you allergic to?

VII. Behavioral Information

The following is a list of behaviors. Please indicate how often these behaviors occur by checking under the category, which most clearly describes it?

Often	Sometimes	Never	
_____	_____	_____	Lying
_____	_____	_____	Refusing to follow instructions
_____	_____	_____	Fighting
_____	_____	_____	Playing with genitals
_____	_____	_____	Withdrawn
_____	_____	_____	Undressing at inappropriate times
_____	_____	_____	Running away
_____	_____	_____	Destroying property/clothing
_____	_____	_____	Aggressiveness
_____	_____	_____	Self-injurious
_____	_____	_____	Wandering off
_____	_____	_____	Anxiety
_____	_____	_____	Stealing
_____	_____	_____	Making loud noises
_____	_____	_____	Spitting
_____	_____	_____	Display unusual behaviors (please list below)
_____	_____	_____	Publicly displaying unacceptable sexual behaviors

Comments

VIII. Access to Transportation

Do you have reliable transportation that can get you to and from the day program?

____ Yes or ____ No

Attachment A: Education

Current school (if applicable): _____

Grade: _____

Contact person: _____

Telephone: _____

Educational History:

Last school attended: _____

Highest grade completed: _____

Receive High School Diploma (date): _____

Received Certificate (date): _____

Type of Certificate: _____

In which category do you fall? Please check all that apply

- | | |
|---------------------------------------|-------------------------------------|
| ____ Autistic | ____ Intellectually Disabled-Mild |
| ____ Other Health Impaired | ____ Deaf/Blindness |
| ____ Intellectually Disabled-Moderate | ____ Orthopedically Impaired |
| ____ Developmentally Delayed | ____ Intellectually Disabled-Severe |
| ____ Speech Language Impaired | ____ Emotionally Disabled |
| ____ Specific Learning Disabled | ____ Traumatic Brain Injured |
| ____ Hearing Impaired | ____ Multi-Handicapped |
| ____ Visually Impaired | or ____ Other (list) _____ |

IX. Interests

After your tour, what types of classes most interest you?

- | | | |
|------------|----------------------|---------------------|
| ____ music | ____ pottery | ____ daily living |
| ____ dance | ____ visual art | ____ photography |
| ____ drama | ____ computer skills | ____ culinary class |

____ Horticulture class ____ Functional Math ____ Reading
____ Community Living ____ Jewelry making ____ Glass Mosaics
____ Exercise ____ Social Graces

Would you like to attend The Enrichment Center ____ Full Time ____ Part-Time

If part time, how many days per week? _____

Hours per day? _____

Attachment B: Employment

Employment History:

Have you ever worked? ____ yes ____ no

(even short periods and employment during school is important)

If yes, please complete the following information:

1. Place of Employment

Date/Length _____

Task Performed

Reason for Leaving

2. Place of Employment

Date/Length _____

Task Performed

Reason for Leaving

3. Place of Employment

Date/Length _____

Task Performed

Reason for Leaving: _____

4. Place of Employment

Date/Length _____

Task Performed

Reason for Leaving

If you need additional space to describe your duties and work history, you may attach a resume or additional documents.

Are you currently working? _____yes _____no

If yes, please complete the following information:

Name of current employer:

How long have you been working?

How much do you make each hour?

Are you interested in getting a job in the community? _____yes _____no

What would you like to do?

Will you need vocational training? _____yes _____no

What kind of assistance do you think you will need on a job?

Attachment C: Recreation & Leisure

In my free time I like to (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> spend time alone | <input type="checkbox"/> read | <input type="checkbox"/> travel |
| <input type="checkbox"/> watch tv | <input type="checkbox"/> listen to music | <input type="checkbox"/> shopping |
| <input type="checkbox"/> watch/go to the movies | <input type="checkbox"/> write stories or poetry | <input type="checkbox"/> go to concerts |
| <input type="checkbox"/> visit with friends | <input type="checkbox"/> paint or draw | <input type="checkbox"/> go on dates |
| <input type="checkbox"/> spend time with family | <input type="checkbox"/> dance | <input type="checkbox"/> make crafts |
| <input type="checkbox"/> go out to eat | <input type="checkbox"/> sing | <input type="checkbox"/> use a computer |
| <input type="checkbox"/> engage in physical fitness activities | where: _____ | |
| <input type="checkbox"/> play sports | name: _____ | |
| <input type="checkbox"/> go to church | where: _____ | |
| <input type="checkbox"/> other | explain: _____ | |
| <input type="checkbox"/> other | explain: _____ | |

Attachment D: Current Situation

Indicate the level of assistance needed by circling the correct response:

1. I can do myself 2. I need to be reminded 3. I need help

Toileting	1 2 3	Household Chores	1 2 3
Laundry	1 2 3	Taking Medications	1 2 3
Grooming/hygiene	1 2 3	Grocery Shopping	1 2 3
Dressing	1 2 3	Simple Meal Prep	1 2 3
Leisure Activities	1 2 3	Bathing	1 2 3
Manage My Money	1 2 3	Job/Daily Activities	1 2 3
Transportation	1 2 3	Other	1 2 3
Eating/drinking	1 2 3	Communication/Socialization	1 2 3

If other, please explain: _____

Is there anything else we need to know?

Are you currently authorized to receive any one on one support services? _____

If yes, what service?

Do you receive case management services? _____

If yes, list name of agency _____

Case manager name _____

Phone # _____

Agency _____

If no, would you like to be linked to case management? _____

Do you currently attend another day program? _____

If so, where and how many days a week?

If no, what do you currently do during the day?

You may use this section to tell us anything else you want us to know about yourself, what you need, what you want, what plans you have, what dreams you have:

****PLEASE ATTACH A COPY OF MOST CURRENT PSYCHOLOGICAL EVALUATION****



Print Name _____ Signature _____
Date _____

Please mail the completed application back to The Enrichment Center,
1006 South Marshall St., W-S, NC 27101.