



**APPLICATION FOR ADMISSION**

Date: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Circle one:                      Male                      Female

Applicant's Current Address: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_                      Date of birth: \_\_\_\_\_                      SSN: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Does Applicant have a legal guardian?      Yes                      No

If so, give legal guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_                      (Cell) \_\_\_\_\_

Reason(s) Applicant is seeking group home placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief summary of the Applicant's overall health status (Medical diagnosis, psychiatric diagnosis):

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**To be considered for placement, the following reports must be submitted for review:**

**\*History and Physical (done within the last 12 months)**

**\*Psychological Evaluation (most recent)**

**\*Behavioral information (if applicable)**

**\*Updated Medication list**

Does the Applicant currently have a caseworker?    Yes    No

If yes, Name of caseworker: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (Ext.) \_\_\_\_\_

**Financial Information:**

Medicaid #: \_\_\_\_\_

Pending:            Yes            No

Medicare#: \_\_\_\_\_

Private Insurance: (Company) \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Address: \_\_\_\_\_

Day time phone number: \_\_\_\_\_ (cell) \_\_\_\_\_

**Note: After the application packet is received, the Admission Review Team will meet to determine if the applicant could be appropriately placed in the facility.**