



Ready For Life

belong · believe · become

Ready for Life Academy Residential Program

Please note that this application serves two purposes

- 1) It will give the Residential Coordinator and administration tools to assess the appropriateness of the program, and
- 2) It will serve as a guide to Residential staff working with you. Please be as accurate and detailed as possible to maximize the benefits of Residential Support

Note to Parent(s)/Guardian(s): Please allow the applicant to fully answer each application item. You are welcome to aid in writing responses for your applicant.

Application Check List

This check list is to help ensure all information is filled out and all documentation is included before submitting the application.

Guardian Initial		Office Use
	Eligibility Requirements Page	
	Section 1: Personal Information	
	Section 2: Medical Information	
	Section 3: About you	
	Medical Documentation (allergies, special dietary requirements, etc.)	
	Letter of Recommendation (at least one non-family member who can provide insights into the strengths and weakness of the applicant that pertains to independent living and social behaviors)	
	Photograph (headshot) of Applicant	
	Copy of Photo I.D.	
	Copy of Medical Insurance Card	
	Power of Attorney/Guardianship/Medical Proxy/Documentation (if applicable)	
	Signed Acknowledgement/Wavier/Release of Liability Form	

Eligibility Requirements

Participant Initial	Guardian Initial	
		1. Is at least 18 years of age
		2. Has an intellectual/developmental disability
		3. Has health insurance (Medicaid, Medicare, Private)
		4. Applicant has a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living
		5. Can independently self-administer medicines*
		6. Has exhibited an interest and desire for greater independence, and parent/guardian support in the pursuit of independence
		7. Can navigate <i>independently</i> within the apartment complex and to/from campus
		8. Is willing to learn and use alternative modes of travel, such as public transportation
		9. Is receptive to learning financial management and live within a restricted budget
		10. Possess or is willing to learn time management skills and can follow a schedule with/without accommodation (i.e., picture schedule)
		11. Has socially adaptive and responsible behaviors when left unsupervised for up to 2 hours and is able to follow/adhere to rules and instruction
		12. Is independent in grooming and hygiene routines **
		13. Can communicate with others effectively with/without accommodations
		14. Has a cell phone (prior to starting the program)
		15. Can prepare simple meals (i.e., make a sandwich or salad, use a microwave)

**Residential staff does not have the certification required to provide medication management or serve as personal care assistants. If these services are required, the family will need to contract with private providers for personal care and/or medical management during the program.

By signing this form, the potential participant and his or her parent(s)/guardian(s) acknowledge having read and understood the *basic* eligibility requirements for the RFL Residential Program. This form must be signed and be included in the application packet. It must also be noted that this form includes *ONLY* the *basic* eligibility requirements. Final acceptance to the program will be determined by the Admissions Committee.

Parent/Guardian Signature _____

Date ___ / ___ / ___

Participant Signature _____

Date ___ / ___ / ___

Application

Please provide a recent photograph of the applicant along with this form. Be sure to complete all sections of the application.

Section 1: Personal Information

A. Resident's Information

Name of Resident _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail Address _____

Date of Birth _____ Age _____ Sex _____

Primary Disability _____

Secondary Disability _____

B. Parent/Guardian Information

Resident currently resides with: Mother Father Both Foster Parent
 Group Home Other _____

1. Parent/Guardian Information (Primary Contact)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail Address _____

2. Parent/Guardian Employer

Company _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Company Phone _____

Email Address _____

C. Demographic

Have you ever been away from home before? Yes No

If "Yes," where did you go and how long were you away from home? Did you enjoy that experience?

Section 2: Disability, Impairment, Challenge, or Condition and Medical Information

Please use space provided to answer the questions and elaborate as much as possible, and feel free to add extra pages if necessary).

A. Disability or Condition (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Prader/Willi Syndrome | <input type="checkbox"/> Emotional Disorder (Bipolar, Depression, etc.) |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy |

Chromosome Abnormality (Diagnosis/Explain) _____

Intellectual Disability (Diagnosis/Explain) _____

Deaf/Hearing Impaired (Diagnosis/Explain) _____

Speech Disorder (Diagnosis/Explain) _____

Blind/Visual Impairment (Diagnosis/Explain) _____

Other _____

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If yes, please list.

Please list any significant medical and/or physical conditions that may impact your participation in social and/or recreational activities within the program (for example: severe allergies or visual disability).

Please list all medications that you are currently taking. Include the dosage/frequency, purpose of the medications, and any side effect(s):

B. Medical Information

Are you independent in self-administering medications and remembering to take medication? **

Yes No

** Please note that Residential Services does not have a nurse or any other medical personnel.

Do you have seizures? Yes No

Type _____ Duration _____

Frequency _____ Are seizures controlled with medications? Yes No

Please list any assistive technology that you use (i.e., wheelchair, eyeglasses, prosthesis, walker, hearing aid, roll aid, etc.) and if you require accessibility accommodations.

Section 3: A little bit about you

Answer Key
“**Y**” = Yes you already do this
“**N**” = No, you have no interest

Hobbies and Interests

- | | | |
|-----------------------------|-----------------------|--------------------------|
| Acting _____ | Amusement Parks _____ | Arts/Crafts _____ |
| Baking _____ | Baseball _____ | Basketball _____ |
| Beach _____ | Board Games _____ | Concerts _____ |
| Cooking _____ | Dancing _____ | Decorating _____ |
| Eating at Restaurants _____ | Gardening _____ | Golf _____ |
| Movies _____ | Museums _____ | Musical Instrument _____ |
| Reading _____ | Running/Jogging _____ | Shopping _____ |
| Soccer _____ | Softball _____ | Swimming _____ |
| Tennis _____ | Theater _____ | Video Games _____ |
| Volleyball _____ | Watching TV _____ | Working out _____ |
| Writing _____ | | |

List any clubs or organizations in which you currently participate.

If your applicant desires to participate in religious services, please indicate the religious preference.
(Staff will assist in making arrangements for public transportation to and from services)

Please use this answer key for the following “skills” sections:

Answer Key
“**Y**” = Yes, I already do this
“**N**” = No, I have no interest
“**A**” = I can do this with Assistance

Transportation Skills

- | | |
|------------------------------------|---------------------------------------|
| _____ Can read a map | _____ Can use a city bus schedule |
| _____ Ride the city bus | _____ Ask others for directions |
| _____ Can cross the street | _____ Can cross street with crosswalk |
| _____ Can cross 2 lanes with light | _____ Can cross 2 lanes without light |

_____ Can cross 4+ lanes with light
_____ Can utilize a city taxi

_____ Can cross 4+ lanes without light
_____ Can utilize a shuttle service

Specifics/Comments: _____

Household Chore Skills

_____ Dusting

_____ Using a dishwasher

_____ Sweeping

_____ Doing Laundry

_____ Vacuuming

_____ Ironing

_____ Cleaning Mirrors

_____ Cleaning bathtubs

_____ Polishing

_____ Cleaning toilets

_____ Washing dishes by hand

_____ Removing stains from carpets

Please list any additional chores activities that you know how to do and/or require further assistance in learning.

Culinary Skills

_____ Cutting Vegetables

_____ Cutting Fruits

_____ Using a Stove

_____ Cutting Meats

_____ Following Simple Recipe

_____ Using a Microwave

_____ Using a dishwasher

_____ Using an Oven

_____ Using a toaster

1. What types of breakfast meals do you usually eat, and can you prepare these by yourself? If not, what are some breakfast meals are you able to prepare without assistance?

2. What types of lunch and dinner meals do you usually eat? _____

3. What types of lunch meals are you able to prepare by yourself without assistance?

4. Have you ever made meals from the following semi-prepared meal boxes: Hamburger Helper, Campbell's, Pasta Side Dishes, etc.? If yes, how did it turn out?

5. What type of meals would you like to learn how to cook? _____

6. Do you know how to use kitchen appliances in a safe manner? Please describe.

7. What are your favorite types of meals and foods? _____

8. What is your favorite type of restaurant? (ex. Italian, Chinese, Japanese, Mexican, etc.).

9. Do you ever eat frozen foods? If so, which ones? (ex. Lean Cuisines, Hot Pockets, etc.).

10. What foods do you not like? _____

11. Do you eat a healthy balance between fruits, vegetables, meats, and dairy products?

12. Are you currently on and/or follow a diet, special diet (due to allergies/illnesses), religious preference, have nutritional goals, etc.? (Please Explain)

Hygiene Routines

Please describe your full daily hygiene routine and procedures (also list level of assistance needed, for instance, prompting, modeling, or picture schedule). Please indicate when you prefer to take showers (am or pm).

What time do you usually go to sleep?

What is the best way to motivate you in engaging the hygiene routine?

Personality and Interpersonal Relationships

1. Please check-off the given answer(s) that best describe your personality:

- | | |
|---|--|
| <input type="checkbox"/> I am very talkative | <input type="checkbox"/> I am happy most of the time |
| <input type="checkbox"/> I am quiet | <input type="checkbox"/> I sometimes get depressed or anxious |
| <input type="checkbox"/> I take some time to open up to people | <input type="checkbox"/> I can be moody sometimes |
| <input type="checkbox"/> I like being around a lot of friends | <input type="checkbox"/> I get angry a lot |
| <input type="checkbox"/> I like to be by myself sometimes | <input type="checkbox"/> I know how to entertain myself |
| <input type="checkbox"/> I get nervous when I am in large crowds | <input type="checkbox"/> I prefer quiet environments |
| <input type="checkbox"/> I find it easy to make friends | <input type="checkbox"/> I am not afraid to try new things |
| <input type="checkbox"/> I like to go to parties | <input type="checkbox"/> I am always able to see the bright side of everything |
| <input type="checkbox"/> I would rather stay home and read a book | |

2. Handling Criticism/Stress: (Please indicate how you react)

- | | |
|--|--|
| <input type="checkbox"/> Resistive/argumentative | <input type="checkbox"/> Accept criticism/do not change behavior |
| <input type="checkbox"/> Withdraw into silence | <input type="checkbox"/> Accept criticism/change behavior |

Specifics/Comments: _____

3. What event/activities make you feel upset?

4. What is the best way for you to cope when you are upset?

5. Do you have any fears or phobias? Do these fears or phobias interfere with daily activities in your life?

6. How well do you generally get along with others?

7. If you have mood swings, what is the best way to help you?

8. Please provide additional insight into your personality and the way you interact with others that would be helpful for in assisting you with socialization skills training activities and facilitating friendships:

Please Read and Sign

I understand that this application is for admission to Ready For Life (RFL) Academy Residential program and acceptance is conditional upon receiving evidence to confirm the information in this document, as well as information provided through the interview process. By signing this document, I am certifying that the information given is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of RFL Residential Program. Should any of the information change prior to my enrollment in the program, I shall notify the RFL Residential Program immediately.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Ensure that all sections have been completed. Failure to complete all application sections and provide requested additional information may result in delayed review of application and/or non-acceptance.

Application Deadline:

- May 1, 2019

Application Fees (Payable to Ready for Life):

- \$50.00 Non-Refundable Application Fee (for Background Check performed by the Preserve at Woodland)
- \$150.00 Apartment Hold Fee (will be applied towards 1st month's rent)

Mailing Address:

- Please send the RFL Residential application and other requested information to:
Ready for Life
3250 28th St SE, Ste 102
Grand Rapids, MI 49512