

Elim Adult Services Application & Social History Questionnaire

Date: _____

Identifying Information: *(Applicant refers to person for whom admission is being sought)*

Applicant:	Birthdate:	
Birthplace	(City)	(State) (County)
Sex:	Race:	
Social Security Number:	Church Attends:	
How long has the applicant lived in Illinois?		
Current residence	(City)	(State) (County)
Other cities of residence:		
Current service provider/or school:		

Applicant's Family

Father:		
Address:	(City)	(State) (County) Phone:
Mother:		Mother's Maiden Name:
Address:	(City)	(State) (County) Phone:
Guardianship:		Relationship:
Address:	(City)	(State) (County) Phone:
Primary Contact:		Relationship:
Address:	(City)	(State) (County) Phone:
Secondary Contact:		Relationship:
Address:	(City)	(State) (County) Phone:

Personal History

(Check all of the following which describes the applicant)

- | | | | |
|-------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Destructive | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Happy | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Ill tempered |
| <input type="checkbox"/> Responsive | <input type="checkbox"/> Selfish | <input type="checkbox"/> Tearful | <input type="checkbox"/> Withdrawn |

Other: _____

How does the applicant get along with each member of family?

Age applicant started school? ____ Grade when he/she left? ____ Received Diploma Received Certificate

Has a psychologist ever seen him/her? ____ Name of psychologist (if applicable): _____

School: _____ Address: _____

Is physical therapy required? _____.

Has applicant ever attended regular education classes? _____. If so, where? _____

Describe his/her behavior in school: _____

Work History

Job Title:	
Job Description:	
Duties Worked:	
<input type="checkbox"/> Independent <input type="checkbox"/> Supervised	Wages: <input type="checkbox"/> Minimum Wage <input type="checkbox"/> Subminimum Wage <input type="checkbox"/> Volunteer
Address: _____ (City) _____ (State) _____ (County)	Phone: _____
Guardianship: _____	Relationship: _____
Address: _____ (City) _____ (State) _____ (County)	Phone: _____

What are the applicant's special interests or hobbies? _____

How does he/she like to spend his/her spare time? _____

Can applicant perform:

	Supervision	Prompting
Eating		
Dressing		
Toileting		

Who does he/she engage with regularly: parents, siblings, extended family, neighbors, or community members? _____

How would they describe the individual (choose all that apply)

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> angry | <input type="checkbox"/> happy | <input type="checkbox"/> mean | <input type="checkbox"/> selfish |
| <input type="checkbox"/> caring | <input type="checkbox"/> helpful | <input type="checkbox"/> moody | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> disrespectful | <input type="checkbox"/> hyper | <input type="checkbox"/> obedient | <input type="checkbox"/> shy |
| <input type="checkbox"/> doesn't respect personal space | <input type="checkbox"/> impulsive | <input type="checkbox"/> peaceful | <input type="checkbox"/> slow learner |
| <input type="checkbox"/> energetic | <input type="checkbox"/> in own world | <input type="checkbox"/> personal space | <input type="checkbox"/> smart |
| <input type="checkbox"/> fearful | <input type="checkbox"/> indifferent | <input type="checkbox"/> quiet | <input type="checkbox"/> tense |
| <input type="checkbox"/> forceful | <input type="checkbox"/> intimidating | <input type="checkbox"/> reflective | <input type="checkbox"/> threatening |
| <input type="checkbox"/> friendly | <input type="checkbox"/> kind | <input type="checkbox"/> respectful | <input type="checkbox"/> withdrawn |
| <input type="checkbox"/> generous | <input type="checkbox"/> lazy | <input type="checkbox"/> respects | |
| | <input type="checkbox"/> loud | <input type="checkbox"/> sad | |

Completed by: _____	Relationship: _____
Address: _____ (City) _____ (State) _____ (County)	Phone: _____

Eating/Feeding Issues? Please explain:

Most Recent Test Dates	
Hearing:	Last physical:
Vision:	Neurological evaluation:

Results: _____

If the applicant has seizures, please describe how frequently and how he/she acts when having a seizure:

- NECESSARY EQUIPMENT:
- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Prosthesis (crutch, cane) | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Special shoes |
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Glasses |
| | <input type="checkbox"/> Brace | <input type="checkbox"/> Other: _____ |

What medications is the applicant currently taking? _____

Name of any medical specialists

_____	_____
(Name)	(Speciality)
_____	_____
(Name)	(Speciality)

Additional information: _____

(Signature) (Date)

Contact Information

Applicant:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birthday: / /
Residential Agency:	<input type="checkbox"/> Lives at home	
Address:	City:	State: Zip:
School:	Graduation: Month () Year ()	
Day Program:	Church:	
Parent:	Legal Guardian <input type="checkbox"/> yes <input type="checkbox"/> no	
Street Address:	City:	State: Zip:
Phone:	Email:	

BENEFITS/FUNDING

State funding? <input type="checkbox"/> yes <input type="checkbox"/> no	PUNS? <input type="checkbox"/> yes <input type="checkbox"/> no	Private pay? <input type="checkbox"/> yes <input type="checkbox"/> no
PAS/ISC Name & Agency:		
HBS Service Facilitator:		
Address (Street/City/Zip):		
Phone:		

Medical Information

Primary Disability:	Cognitive Level: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
Medications needed during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing services needed during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Issues:	

Functional Abilities

Assistance needed: <input type="checkbox"/> independent <input type="checkbox"/> physical guidance <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair
Functional use of both hands: <input type="checkbox"/> Yes <input type="checkbox"/> No
Toilet w/o assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dress/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Grooming/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Eating/assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
English is their primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication: <input type="checkbox"/> verbal <input type="checkbox"/> sign <input type="checkbox"/> picture <input type="checkbox"/> communication device <input type="checkbox"/> gestures/body movements

Vocational Experience/Job(s) Held

Behavior: *(Explain if you answer yes)*

Injures self: Yes No

Causes pain/harm to others: Yes No

Deliberately breaks/defaces/destroys things: Yes No

Interferes/activities of others: Yes No

Unusual or repetitive habits: Yes No

Behavior that is offensive to others: Yes No

Withdrawal or inattentive behavior: Yes No

Uncooperative or stubborn behavior: Yes No

INTERESTS

What does the applicant enjoy doing at home during his or her free time?

Where does the applicant enjoy going in the community?

Special interests and passions?

Services Desired: *(Subject to assessment)*

- Autism *(Staff ratio 5 to 1)*
- Mild *(DT3 Orland-staff ratio 10 to 1)*
- Moderate *(DT2-staff ratio 8 to 1)*
- Severe/Profound *(DT1/Day Services-staff ratio 5 to 1)*
- Aging Disorders *(Seniors-staff ratio 5 to 1)*

Transportation

Elim offers several transportation options. Families are invited to choose the option that best fits their applicant's needs and family budget.

I would be most interested in:

- Premier Door-to-door van service *(at an additional cost to me)*
- A pick up/drop off point *(at no additional cost to me)*
- PACE vouchers
- Providing my own transportation

Additional Comments:

Send application and any available related materials to either location:

Elim Christian Services Adult Services-Admissions Coordinator 13020 S. Central Avenue Palos Heights, IL 60463 Phone: (708) 389-0555	Elim Christian Services Donna Terry 15565 S. 70th Court Orland Park, IL 60462 (708) 429-7493 ext. 605
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Name of person completing application:

Relationship to applicant:

Date: