



ADULT SERVICES INQUIRY FORM

1. PERSONAL CONTACT INFORMATION

Name of Applicant: _____

Sex: _____Female _____Male Birth Date: _____

Current Residence: _____Home _____Residential Placement

If applicable, name and address of Residential Agency:

Name of current School or Day Program: _____

Month & year of high school graduation: _____

If attending Elim, name of program: _____

Religious Affiliation: ___ Reformed ___ Protestant ___ Catholic ___ Orthodox ___ Non-denominational
___ Jewish ___ Muslim ___ Other ___ None

Parent/Guardian Names: _____

Contact: Street: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone/Name: _____

***Please include area codes & contact name.**

Email address: : _____

Guardian(s) Is the applicant his or her own guardian? _____Yes _____No

If no, name(s) of guardian(s) & relationship: _____

2. FUNDING

Does the applicant receive state funding? _____Yes _____No

If no, is the applicant on PUNS? _____Yes _____No

Are you interested in private pay? _____Yes _____No

PAS Agency/ISC Name: _____

HBS Agency/Service Facilitator Name: _____

3. MEDICAL INFORMATION

Primary Disability: _____

Secondary Disabilities: _____

Cognitive Level: _____Mild _____Moderate _____Severe _____Profound

Medical Issues: _____

Does the applicant need to take medication during service hours? _____Yes _____No

Does the applicant require nursing service during service hours? _____Yes _____No

Allergies: _____Medication _____Food _____Seasonal _____Environmental

Specify Allergies: _____

Diet Restrictions: _____

Assistive and Communication Devices: _____

4. FUNCTIONAL ABILITIES

A. Gross/Fine Motor

Mobility (check all that apply): _____independent _____physical guidance
_____crutches _____walker _____wheelchair manual power

Comments: _____

Use of both hands: _____functional _____limited function _____no function

Comments: _____

B. Daily Living Skills

Check if help is required	Daily Living Skill	Describe/Explain Assistance Required
	Toileting	
	Dressing	
	Grooming	
	Eating	

C. Communication
 Primary Language ___ English ___ Spanish ___ Other specify _____

Check all that apply:

_____ verbal _____ communication device _____ sign language

_____ photo/pictures _____ facial expression/gestures/body movement

Comments: _____

D. Vocational
 Has the applicant ever worked: _____ Yes _____ No

Where? _____

Describe Work Tasks and Job Tasks Performed: _____

E. Behavior

Check all that apply	Behavior	Describe/Explain Behavior
	Injures self	
	Causes pain/harm to others	
	Breaks/damages property	
	Interferes with others or activities	
	Unusual/repetitive habits	
	Offensive behavior	
	Withdrawn/inattentive	
	Uncooperative/stubborn	
	Other:	

Does the applicant have a behavior program: _____ Yes _____ No

Does the applicant take medications for behavior/mood: _____ Yes _____ No

Comments: _____

5. INTERESTS

What does the applicant enjoy doing at home during his or her free time? Where does the applicant enjoy going in the community? What are the applicant's special interests and passions?

6. ADDITIONAL INSIGHTS

6. SERVICES DESIRED

Service Desired	Program	Comments
	ACTS/Autism (staff ration 5 to 1)	
	Mild (DT 3 Orland-staff ration 10 to 1)	
	Moderate (DT 3-staff ration 8 to 1)	
	Severe/Profound (DT 1/Day Service-staff ratio 5 to 1)	
	Aging Disorders (Seniors-staff ration 5 to 1)	

7. TRANSPORTATION

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

Name of person completing application: _____

Relationship to applicant: _____ Date Completed: _____

Send application and any available related materials to:	Priority: _____	Initials: _____
Elim Christian Services LaDrene Mhoon 13020 S. Central Avenue Crestwood, IL 60418 (708) 293-6543	Received: _____	Follow Up: _____
	Tour: _____	Entered on Database/Filed: _____