

Name:

Birth date:

Age:

Father's name and address:

Phone, home and work:

Email address:

Mother's name and address:

Phone, home and work

Email address:

Where and with whom does the applicant now live?

The following application is meant to be filled out by the applicant along with the help a trusted adult.

How did you learn about Kimberton Hills?

What is it that most attracted you to our community?

Please describe yourself very briefly.

Please tell us about your specific disability, diagnosis, and special needs.

Do you have a problem with communication? Speech? Hearing? Vision?

Current Medication and other therapies:

School History and Experiences

What aspect of our community life would be of most interest to you?

Do you enjoy participating in group activities? Please elaborate:

What strengths can you bring to the community? Please tell us about your interests, special abilities, and talents:

What aspects of community life would be particularly challenging to you?

When alone, what activities do you enjoy?

Do you enjoy learning new things?

How do you respond to direction when undertaking tasks?

How would you describe your emotional stability? (moods, temper, etc)

How do you respond to frustration and/or emotional distress?

Do you tend towards restlessness or lethargy? If yes, please describe how.

Do you have a tendency to wander off or run away? (If yes, please explain.)

Do you have any obsessions or compulsions? (If yes, please elaborate)

Do you have or display any aggressive/manipulative or (self) abusive tendencies? (If yes, describe in detail, including frequency, severity, etc.)

Do you have any sexual behavior disorders or problems? (If yes, please explain)

Do you need any help in areas of self-care? (washing, bathing, dressing, tooth-brushing, eating, toileting, etc.)

Do you have any dietary restrictions?

Do you have any sleep problems or difficulties (i.e., difficulty going to or staying asleep, wandering at night etc.)?

Do you understand the challenges you have? Do you accept them? What feelings do you have about them?

Who are your "Circle of Friends" or family who are closely supportive of you?

Name
relationship

Address

phone number

1.

2.

3.

4.

5.

Please write a biographical narrative. Include early history, family relationships, important life experiences, etc., anything that you think is relevant to help us know and understand who you are.
(use the back of this page to finish the narrative.)