

InReach
4425 Randolph Rd. Suite 400
Charlotte, NC 28211



Date of application _____
Time of application _____

Residential Application

Note: all applicants must be a Mecklenburg County resident, 18 years of age or older and have a Developmental Disability.

Applicant is interested in (Check all that apply)

Supervised Apartment Living _____ Group Home _____ AFL _____

Unit size needed 1BR _____ 2BR _____ No. in Family _____

How did you find out about InReach (formerly Residential & Support Services)?

Part 1 Personal Information:

Name of applicant: _____ Date: _____

Social Security Number: _____ - _____ - _____ Med Record #: _____
(Please provide copy of SS Card)

Current address: _____

City: _____ State: _____ Zip code: _____

Current phone number: _____ Date of Birth: _____ Sex: M or F
(Please provide copy of birth certificate)

Place of Birth _____

Race: White _____ Black _____ American Indian or Alaska Native _____
Asian _____ Native Hawaiian or Other Pacific Islander _____
Other _____

Ethnicity: Hispanic or Latino _____ Non-Hispanic or Latino _____

Does Applicant live at home with parents: Yes _____ No _____?

If "No", please give:

Name of parent: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you have a legal guardian (Court Appointed): Yes _____ No _____

If yes, please give guardian's contact information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you or any member of your household subject to a lifetime state sex offender registration program?

Yes _____ No _____

Have you ever been arrested for drug or criminal activity? Yes _____ No _____

If yes, please provide details. (Date of arrest, reason for arrest, disposition of case)

Please be advised that you will be required to sign a Consent for InReach to do a criminal background check.

Please provide name, address & telephone number of any previous landlords:

Part 2: Vocational:

A). Name of current Day Placement Agency (if applicable): _____

Contact Person: _____ Phone: _____

B). If Employed please give:

Name of employer: _____ Phone: _____

Address: _____ City: _____

Supervisor's name: _____ Title: _____
Do you have a job coach? (Circle one) Yes No If yes, please provides:
Job Coach's name: _____ Phone: _____
Agency Name: _____

Part 3: Financial information:

Income Resources for Applicant and Household:

Household Member	Monthly Wages	Monthly Social Security Benefits	Monthly
SSI Benefits	Other Income		

Does the Applicant or any member of the Household have assets which generate monthly income? If so, please complete the following:

Type of Asset	Location of Asset	Current Value of Asset	Rate of Interest
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Medicaid Card # _____ Medicare Card # _____

Do you have a Medicare Prescription Drug Card? Yes _____ No _____ If yes, please provide a copy of the card.

Part 4: Support Broker/Case Management information:

Case Manager's name: _____ Phone: _____

Name of Agency: _____

Comments: _____

Part 6: Self-Help/Daily Living Skills

1. Mobility (Check all that apply)

- Applicant is ambulatory
- Applicant requires assistance with ambulation (describe assistance) _____

- Applicant totally independent in getting from place to place (can arrange transportation or ride city bus) with directions
- Applicant rides county or special transportation with assistance or knows only one route
- Applicant needs much assistance in getting from place to place

2. Meal Preparation

- Applicant-Uses stove & oven Uses microwave Cooks entire meals
- Can prepare simple meals Can prepare snacks
- All meals must be prepared

3. Chore completion:

- Applicant- Completes many chores independently _____
- Completes chores with prompts _____ Completes chores with assistance _____
- Needs supervision at all times while doing chores _____ Does no chores _____

4. Communication:

- Applicant- Speaks clearly 7 or more word sentences _____
- Speaks 3 or more word sentences with some words not understandable _____
- Uses one word expressions _____ Uses gestures and/or movements _____

5. Social Interactions:

- Often & with ease Initiates with staff & peers Initiates with staff only
- With prompts Infrequently Does not initiate social interaction
- Avoids social interaction

6. Grooming:

- | | |
|---|--|
| Bathing- <input type="checkbox"/> Independent | Shampooing- <input type="checkbox"/> Independent |
| <input type="checkbox"/> Needs prompts | <input type="checkbox"/> Needs prompts |
| <input type="checkbox"/> Needs assistance | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Total assistance | <input type="checkbox"/> Total assistance |
| | |
| Shaving- <input type="checkbox"/> Independent | Care of Hair/Teeth- <input type="checkbox"/> Independent |
| <input type="checkbox"/> Needs prompts | <input type="checkbox"/> Needs prompts |
| <input type="checkbox"/> needs total assistance | <input type="checkbox"/> Needs total assistance |
| <input type="checkbox"/> Not applicable | |

7. Dressing:

- Independently chooses appropriate clothing & dresses
- Can dress self, but does not choose appropriate clothing
- Can dress with prompts
- Can dress with assistance
- Needs total care in dressing, dependent on others

8. **Toileting:**
 Self toileting Toilets independently on a schedule
 Needs assistance Not toilet trained, uses diapers

9. **Menstruation:**
 Independently cares for self Not applicable
 Needs reminders and assistance Needs total assistance
 has no menses

10. **Bedtime routine:**
 Time retires
 Needs some prompting
 Independent in routine
 Needs assistance (please indicate what type of assistance)
 Needs total assistance at bedtime

11. **Please list applicant’s favorite activities.**

12. **Supervision required (Please check all that apply)**
 Needs 100% supervision at all times within the home
 Needs 100% supervision at all times within the community
 Can be left alone to perform tasks
 Can go on short outings alone (30 minutes)
 Can go on longer outings alone (1 hour or more)

Part 7: Medical Information:

Current health needs (write “none” if not needed): _____

Does applicant have seizures? Yes _____ No _____

If yes, please describe them (i.e. - type, duration, frequency, intervention required, known triggers)

Medications

What medications does the applicant take?

Medication Name	Dosage	Purpose	How often
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Part 8: Other Information/Special Accommodations needed:

Please use the space below to tell anything else about yourself such as special accommodations needed, (i.e. wheelchair accessible unit, urgent need for housing, etc.), or anything else that you would like the admission committee to know.

Part 9: Signatures:

By signing below I verify that the information above is true and accurate to the best of my knowledge. I also verify that this application may also be used as an application for HUD housing operated by InReach.

Signature of legally responsible person

Date

Please review the last page.

We will need to have the following items to complete your application. However, your name will be added to our waiting list when we receive this portion of the application. *(Note: Your Case Manager can help you get these things)*

- Psychological evaluation
 - NC Snap
 - Target Pop
 - Person Centered Plan
 - A completed and signed authorization for InReach to do a background check
- Prior to admission into a residential program, NC State law requires each person to have a physical and dental exam done within 30 days prior to admission. InReach will supply the correct forms to be used.

Completed Applications should be submitted to:

**InReach
4425 Randolph Rd Suite 400
Charlotte, NC 28211**

Once a completed application is received it is held on our waiting list for one year. When an opening becomes available, the waiting list is reviewed by the InReach Admission Committee. If you wish to remain on the list longer than one year, you must call InReach annually and let us know that you want to remain on the list. We will hold your application for consideration for an additional year. This process may continue as long as you are interested in a residential program.

InReach does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

**Section 504 Coordinator: Lori Gougeon
4425 Randolph Rd.
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Charlotte, NC 28211
(704)536-6661**