

InReach
4530 Park Rd. Suite 300
Charlotte, NC 28209
(704) 536-6661



Date of application _____
Time of application _____
(HUD Requirement)

Residential Application

Note: all applicants must be 18 years of age or older and have an Intellectual/Developmental Disability.

Applicant is interested in (Check all that apply)

Group Home _____ AFL _____

Mother Teresa Villa (12-plex) _____ Independent Living Condo _____ (include # in family)

Unit size needed for Villa and Condo 1BR _____ 2BR _____

How did you find out about InReach?

Part 1 Personal Information:

Name of applicant: _____

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

Email: _____ Phone: _____ TTY: _____

Current address: _____

City: _____ State: _____ Zip code: _____

Current phone number: _____ Date of Birth: _____ (attach birth certif.)

Sex: M or F Place of Birth _____

States where applicant has resided: _____

Race/Ethnicity: White _____ Black _____ American Indian _____ Alaska Native _____
Asian _____ Native Hawaiian or Other Pacific Islander _____
Other _____ Hispanic or Latino _____

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

If "Yes", please give:

Name of parent: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Does applicant have a legal guardian (Court Appointed): Yes _____ No _____

If yes, please give guardian's contact information:

Name: _____ Phone: _____

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Is applicant or any member of his/her household subject to a lifetime state sex offender registration program?

Yes _____ No _____

Has applicant 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 applicants 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:

Applicant is 62 years or older as of 1/31/10 and does not have a Social Security Number and were receiving HUD rental assistance at another location: Yes _____ No _____

Applicant in US Military Veteran: Yes _____ No _____

Applicant seeking housing as a result of Presidentially declared disaster: Yes _____ No _____

Part 2: Vocational:

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

Contact Person: _____ Phone: _____

B). If Employed please give:

Name of employer: _____ Phone: _____

Address: _____ City: _____

Supervisor's name: _____ Title: _____

Does applicant have a job coach? (Circle one) Yes No If yes, please provide:

Job Coach's name: _____ Phone: _____

Agency Name: _____

Part 3: Financial information:

Income Resources for Applicant and Household:

Applicant: Monthly Wages(job) _____

Monthly Social Security Benefits _____

Other Income _____

Does the applicant or any member who will be living with the applicant 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Medicaid Card # _____

Applicant Medicare Card # _____

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

Part 4: Care Coordinator/Community Guide Information:

Care Coordinator/Community Navigator Name: _____ Phone: _____

Name of Agency: _____

Comments: _____

Part 5: Medical Necessity:

*Please enclose any professional documentation with application that describes applicant's strengths and weaknesses.

Applicant's disability is (Check all that apply):

- | | | |
|--------------------------------------------------------|-------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Borderline IQ | <input type="checkbox"/> Mild I/DD | <input type="checkbox"/> Moderate I/DD |
| <input type="checkbox"/> Severe I/DD | <input type="checkbox"/> Profound I/DD | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Other (Please indicate) _____ | | |

Please check if applicant exhibits any of the following behaviors (Check all that apply)

- | | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Refusing to obey/
refusing to follow | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Setting fires | <input type="checkbox"/> Pica (eats non-edible
objects) |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Wandering/Elopement | <input type="checkbox"/> Habitual or repetitive
speech patterns |
| <input type="checkbox"/> Hitting | <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Habitual behaviors |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Abusive behavior | |
| <input type="checkbox"/> Screaming | | |
| <input type="checkbox"/> Stealing | | |
| <input type="checkbox"/> Other unusual or problematic behaviors _____ | | |

Does the applicant have a behavioral support plan? ___ Yes ___ No

Does the applicant require physical restraints? ___ Yes ___ No Please explain: _____

If any of the above are checked, please complete the following:

Behavior problem	What seems to cause problem	how often does it occur	how is problem handled
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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- _____ Independent Shampooing- _____ Independent
 _____ Needs prompts _____ Needs prompts
 _____ Needs assistance _____ Needs assistance
 _____ Total assistance _____ Total assistance

Shaving- _____ Independent Care of Hair/Teeth- _____ Independent
 _____ Needs prompts _____ Needs prompts
 _____ Needs total assistance _____ Needs total assistance
 _____ 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?

<u>Medication Name</u>	<u>Dosage</u>	<u>Purpose</u>	<u>How often</u>
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.

- **Psychological evaluation**
- **Person Centered Plan/Individual Service 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
4530 Park Rd.
Charlotte, NC 28209
Attn: Residential Applications
or Faxed: 704-535-6661**

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

**Section 504 Coordinator: Lori Gougeon
4530 Park Rd.
Suite 300
Charlotte, NC 28209
(704)536-6661 ext. 413**