

FINANCIAL INFORMATION

Financial Resources:

- SSI Amt/mo. \$ _____
- VA Benefits Amt/mo. \$ _____
- SSDI Amt/mo. \$ _____
- Other _____ Amt/mo. \$ _____

TYPE OF SERVICE REQUESTED

- Supported Community Living ___ID waiver ___BI waiver
- Prevocational Services Day Habilitation Organizational Work
- ICF/ID Alternative Training Program Supported Employment

DATE DESIRING SERVICES Immediately or in the future (approximate date) _____

REASON FOR REFERRAL TO NEW HOPE VILLAGE: _____

CURRENT DIAGNOSIS: _____

Date of last psychological evaluation: (please include copy if available) _____

CURRENT MEDICATIONS: (Include dosage and frequency given): _____

Which best describes the assistance level the applicant requires for med administration?

- no medication total assistance partial assistance minimal supervision independent

SPECIALIST SERVICES: Please indicate specialist applicant has seen or does see currently:

- Neurologist: Name/Address _____
- Psychiatrist: Name/Address _____
- Occupational Therapist: Name/Address _____
- Physical Therapist: Name/Address _____
- Audiologist: Name/Address _____
- Speech Pathologist: Name/Address _____
- Other: Name/Address _____

HOSPITALIZATIONS: List dates and reason for any hospitalization in the past year _____

CURRENT HEIGHT _____

CURRENT WEIGHT _____

IDENTIFICATION OF SERVICE NEEDS

1. How many falls has the applicant experienced in the past month? _____ 3 months? _____ Year? _____

2. Does the applicant have an unsteady gait? Yes No

3. Does the applicant consume adequate fluids? Yes No

4. Does the applicant have normal bowel functions? Yes No

5. Does the applicant have normal eating patterns? Yes No

6. Does the applicant have incidents of choking/coughing while eating? Yes No

7. Does the applicant have any history of pressure sores? Yes No

8. Does the applicant experience any memory loss? Yes No

9. Does the applicant have any inappropriate behaviors? Yes No

10. Does applicant have a history of epilepsy/seizure disorder? Yes No If yes, what type has been experienced in the last 36 months?

Simple partial (simple motor movements affected)

Complex partial (loss of awareness)

Generalized / Absence (Petit Mal)

Generalized Tonic-Clonic (Grand Mal)

Had some type of seizure – unsure of type

11. In the past year, how frequently has applicant experienced seizures? _____

13. Has applicant ever tested positive for TB (tuberculosis) Yes No

14. Has applicant ever tested positive for Hepatitis B? Yes No

15. Does the applicant wear a hearing aid? Yes No

16. Which best describes applicant’s hearing? Normal Mild Loss Severe Loss Profound Loss

17. Which best describes applicant’s vision? Applicant wears glasses Applicant does not wear glasses

is fully sighted has some vision impairment is blind

18. Does applicant require any special diet? Yes No If yes, indicate below if:

restricted calorie diet high fiber low sodium ground pureed tube fed

19. Describe communication ability: Does not understand language Communicates through gestures/sign language Uses communication device Speaks single words Uses sentences

20. Does the applicant make responsible decisions?

All of the time Most of the time Some of the time Seldom Never

21. Does applicant have any known allergies? Yes No If yes, list: _____

22. Describe level of ambulation ability: Can walk unassisted Can walk with assistance of ____ persons Uses walker/crutches to ambulate Uses manual wheelchair independently uses manual wheelchair but needs assistance to move Uses electric wheelchair

23. Describe the type of transfer assistance needed: Does not use a wheelchair
 Transfers from wheelchair independently Needs physical assistance to transfer
 Uses lift to transfer (type) _____ Uses sliding board

24. Does the applicant require assistance to reposition? Yes No Not Applicable

25. List adaptive equipment used/needed by applicant: _____

BEHAVIORAL INFORMATION

1. **Does the person have a record of founded child or dependent adult abuse or been convicted of a crime in any state?** Yes No Explain: _____

2. **Does applicant have any charges pending?** Yes No If yes, describe what and where the charges are pending: _____

If charged and not yet convicted, consultation with the Admissions Committee to evaluate the pending charges to determine eligibility for services will occur.

3. **Is applicant hurtful to self?** Never Less than once a month one to three times a month

4. one to six times a week one to 10 times a day one or more times an hour

5. **Is applicant hurtful to others?** Never Less than once a month one to three times a month

6. one to six times a week one to 10 times a day one or more times an hour

7. **Is applicant destructive to property?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

8. **Does applicant display disruptive behavior?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

9. **Does applicant have unusual or repetitive habits?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

10. **Does applicant have any socially offensive behaviors?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

11. **Does applicant exhibit withdrawal or inattentive behavior?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

12. **Does applicant exhibit uncooperative behavior?** Never Less than once a month one to three times a month one to six times a week one to 10 times a day one or more times an hour

SKILLS IN DAILY LIVING

1. **Socialization:** Applicant can interact with others independently requires prompting to interact does not interact with others.

2. **Eating:** Applicant is able to feed self requires assistance with eating is tube fed

3. **Bathing:** Applicant is able to bathe/shower independently Needs verbal prompts during bath/shower requires full assistance for bath/shower

4. **Toothbrushing:** Applicant can brush teeth independently requires assistance

5. **Grooming:** Applicant is able to complete personal grooming/hygiene requires some assistance with grooming/hygiene requires full assistance with grooming/hygiene

6. **Toileting:** Applicant is able to toilet self requires physical assistance to toilet is incontinent of bowel is incontinent of bladder uses incontinence products

7. **Dressing:** Applicant is able to dress self requires some assistance with dressing requires full assistance with dressing

8. **Health Care:** Applicant is able to manage own health care (setting up appointments, taking medications, etc) requires assistance in managing health care requires total assistance

9. **Sexuality:** Applicant is independent in meeting sexual needs does not always exhibit sexually appropriate behaviors has not displayed interest in sexual activity

10. **Clothing Care:** Applicant can complete laundry tasks independently requires assistance to complete laundry tasks has no skills in laundry

11. **Food Preparation:** Applicant can prepare own meals requires some assistance in preparing meals requires full assistance/is not able to prepare meals

12. **Home Management:** Applicant is able to maintain a clean and safe home needs assistance with home management has no skills in home management

WORK SERVICES

Describe past work experiences, if any _____

Does the person have an open file with Vocational Rehabilitation? Yes No

If so, who is the Vocational Rehabilitation counselor? _____

Skill – Is applicant able to:	Yes	No	Undetermined
Stay on task for 1-2 minutes?			
Stay on task for 15 minutes?			
Stay on task for 30 minutes?			
Perform quality work?			
Have the desire/interest in working?			
Follow one step instructions?			
Follow multi-step instructions?			
Ask for assistance when needed?			
Remain at work station?			
Complete tasks independently?			
Complete tasks with verbal prompting			
Complete tasks with hand over hand assistance?			

DAY SERVICES

Describe any involvement in past day programs: _____

Skill-Is applicant able to:	Yes	No	Undetermined
Benefit from training and support in independent functioning, basic academics, recreation and leisure, money management, interpersonal skills, training and education in self-determination, accessing one's community, participation in community events/activities or volunteerism activities?			
Function without continuous 1:1 ratio?			
Function in a ratio of at least 1:4?			
Function in a ratio of at least 1:5-7?			
Participate in daily activities on a regular basis			
Gain and maintain skills for training in mobility, self-help, communication and leisure skills?			
Benefit from physical therapy, speech therapy, audiology, occupational therapy or psychosocial therapy?			

DATA COLLECTION NOTIFICATION

The information we have requested is necessary for the effective administration of the service for which you are applying. If New Hope Village finds that any of the information is found to be falsified or omissions were made from the information, New Hope Village reserves the right to deny services and/or up to possible discharge if currently in New Hope Village services. Authorized agency personnel will only use the information collected. Use of this information other than explained, herein will not be made without our prior written approval, unless law specifically authorizes such use. You also have the right to review information, which is maintained by this agency about you.

Completed by: _____ Date: _____

Applicant: _____ Date: _____
Signature (if applicable)

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

REQUIRED MATERIAL TO BE SUBMITTED WITH THIS APPLICATION (Please send items checked)

- 1. ___ Most recent psychological report
- 2. ___ Most recent education and / or vocational report
- 3. ___ Most recent social history
- 4. ___ Most recent physical examination
- 5. ___ Other medical specialty reports
- 6. ___ Copy of guardianship / conservatorship papers
- 7. ___ Risk Screening Tool
- 8. ___ Other pertinent information
- 9. ___ Recent snapshot

If applicant is considering vocational/employment services, along with residential services, please complete the following forms and return with application.

- Authorization for Consumer and/or Investigative Report
- Consumer Report Disclosure Authorization and Release

Note: Criminal background checks are part of the admissions process. Convictions will not necessarily bar you from services. Each conviction will be judged on its own merit with respect to time, circumstances, seriousness, and rehabilitative factors.

RISK SCREENING TOOL

NAME: _____ Start date of Services _____

Services received/will be receiving include: Day services Intermittent SCL while living with family screenings

IDENTIFICATION OF RISKS

This person has a diagnosis of _____, therefore is at high risk for _____.

1. How many falls has the client experienced in the past month? _____ 3 months? _____ Year? _____

2. Does the client have an unsteady gait? Yes No

If falls occur or there is an unsteady gait, is this a concern during services rendered? Yes No

3. Does the client consume adequate fluids? Yes No

If inadequate fluids are consumed, is this a concern during services rendered? Yes No

4. Does the client have normal bowel functions? Yes No

If abnormal bowel functions exist, is this a concern during services rendered? Yes No

5. Does the client have normal eating patterns? Yes No

If abnormal eating patterns exist, is this a concern during services rendered? Yes No

6. Does the client have incidents of choking/coughing while eating or drinking? Yes No

If incidents of choking/coughing occur, is this a concern during services rendered? Yes No

7. Does the client have any history of pressure sores? Yes No

If history of pressure sores, is this a concern during services rendered? Yes No

8. Does the client experience any memory loss? Yes No

If history of memory loss, is this a concern during services rendered? Yes No

9. Does the client have any inappropriate behaviors? Yes No

If behaviors occur, is this a concern during services rendered? Yes No

10. Does client have a history of epilepsy/seizure disorder? Yes No If yes, what type has been experienced in the last 36 months?

- Simple partial (simple motor movements affected) Complex partial (loss of awareness)
- Generalized / Absence (Petit Mal) Generalized Tonic-Clonic (Grand Mal)
- Had some type of seizure – unsure of type

11. In the past year, how frequently has client experienced seizures? _____

If seizures occur, is this a concern during services rendered? Yes No

I have reviewed the above identification of risks and have been provided with information on addressing risks while said client is at home. I understand further assessment of identified risks will be completed if any of the risks could occur during services with New Hope as provider. I understand that if risks are present during services rendered, New Hope will establish procedures to minimize the risks during those services.

Client's Signature

Date

Legal Guardian Signature

Date

Family member Signature

Date

_____ Client is unable to give consent due to his/her cognitive disability

5/6/08, 8/28/09 jh



AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE REPORT

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

Company Name: _____

Above listed Company (hereinafter "Company") may, with your written consent, obtain information about you from a consumer reporting agency for employment purposes. This means that a "consumer report" and/or an "investigative consumer report" may be requested which may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers' compensation claims (post job offer or conditional job offer), verification of your education or employment history or other background checks. This may involve personal interviews with sources such as your neighbors, friends or associates. These reports may be obtained at any time after receipt of your authorization, and if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc's privacy practices see kabelbiz.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future screening for retention, promotion or reassignment (unless revoked by you in writing). Company also reserves the right to share background investigation results with any third-party companies for whom you will be placed to work with as a representative of Company. Your information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize National Crime Search, Inc. to obtain a consumer report and/or investigative consumer report on me, as applicable. I have read and understand the above statement and hereby give my express permission to complete this investigation. I acknowledge that Company has provided me with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act*.

Signature

Today's Date

Full Legal Name (please print)

Other or Former Names (please print)

Address

City/State

County

Zip

Date of Birth

SSN

Driver's License #

State issued

New York applicants or employees only

You have the right to inspect and receive a copy of any investigative consumer report requested by the Organization by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing above.

CA, MN, OK only

I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

Your Background Screening Partner

NCS | 3452 E Joyce Blvd | Fayetteville, AR 72703 | 479-695-2111 | kabelbiz.nationalcrimesearch.com | support@checkncs.com

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to pursue legal action.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:	
TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center –FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

CONSUMER REPORT DISCLOSURE, AUTHORIZATION, AND RELEASE

This is to notify you that a Consumer Credit Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize and permit New Hope to obtain a consumer report and/or an investigative consumer report which may include, but is not limited to, my employment records, verification of any academic and/or professional credentials, information and/or copies of documents from any military service records, drug testing, driving history, credit history, civil record, criminal history, and adult, child, and sex abuse histories. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report after I have provided proper identification. I hereby acknowledge that I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. If an investigative consumer report is requested, I will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless to the extent permitted by law any person, firm, or entity that discloses matters in accordance with this authorization, as well as New Hope from liability that might otherwise result from the request for use and/or disclosure of any or all of the foregoing information.

I hereby authorize New Hope to obtain, as part of its investigation of my employment application, a consumer report and/or an investigative consumer report. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

PROSPECTIVE EMPLOYEE/EMPLOYEE PLEASE COMPLETE THIS SECTION. (PRINT/TYPE)			
CURRENT LAST NAME	CURRENT FIRST NAME	CURRENT MIDDLE NAME	
MAIDEN NAME – LAST	MAIDEN NAME – FIRST	MAIDEN NAME - MIDDLE	
PRINT ALL ADDITIONAL CURRENT AND FORMER NAMES (FIRST, LAST, & MIDDLE) USED LISTING MOST RECENT FIRST (e.g., previous married name(s), alias, other names, etc.). IF THERE IS NOT ENOUGH SPACE TO LIST ALL NAMES USED, PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST ADDITIONAL NAMES.			
LAST NAME	FIRST NAME	MIDDLE NAME	
CHECK THE FOLLOWING BOX IF YOU LISTED ADDITIONAL NAMES ON RESERSE SIDE OF THIS FORM.			
DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
SIGNATURE OF APPLICANT/EMPLOYEE			DATE