**

**The Arc of Monmouth**

**Program Name: The Achievement Zone**

**Application**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Participant: | | | | | | |
| Gender:  Male  Female | | |  | Date of Birth:  / / | | |
| Address: | | | | | | |
| City | | | | County | State | Zip |
| Participant’s Cell Phone #: | | Parent/Guardian Cell Phone #: | | | | |
| Email: | | | | | | |
| DDD ID #: | Tier Assignment:  A  B  C  D  E  Were you assigned an Acuity Factor (Ex: Aa, Ba, Ea, etc)?   Yes  No | | | | | |
| Support Coordination Agency Name: | | | | | | |
| Support Coordinator Name: | | | | Support Coordinator  Phone #: | | |
| Are you enrolled in the DDD Supports Program?  Yes  No | | | CCW?  Yes  No | | | |

**Medical Insurance Information:**

Private Insurer  Yes  No *If yes, please complete below:*

|  |  |
| --- | --- |
| Insurance Carrier: | Address: |
| Policy #: | Group #: |

Medicaid  Yes  No *If yes, please complete below:*

Medicaid ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare  Yes  No *If yes, please complete below:*

Medicare ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Competency Status**:

*Please Note: At 18 all individuals reach the “legal age of majority”. This means parents can no longer make decisions legally on behalf of an adult child, regardless of the nature of the individual's disability and regardless of whether or not the individual still lives with the family. Establishing guardianship is a legal process, and must be appointed by the courts.*

 Is own guardian

 Has a legal guardian: Name of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has an appointed Guardian through Bureau of Guardianship Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  Same as home address or  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

|  |  |
| --- | --- |
| Participant’s Primary Care Physician: | Phone #: |
| Physician’s Address: | |
| Emergency Contact 1: | Relationship to Participant: |
| Cell Phone: | Alternate Phone: |
| Emergency Contact 2: | Relationship to Participant: |
| Cell Phone: | Alternate Phone: |

**Medical History**

Are you in good health?  Yes  No

Has there been any change in your general health in the past year?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Seizures: |  Yes |  No | Explain: |
| Other Neurologic Conditions |  Yes |  No | Explain: |
| Diabetes: |  Yes |  No | Explain: |
| Cardiac Conditions: |  Yes |  No | Explain: |
| Choking: |  Yes |  No | Explain: |
| Asthma: |  Yes |  No | Explain: |
| Medical Allergies: |  Yes |  No | Explain/List: |
| Other Allergies: |  Yes |  No | Explain/List: |

Medications, Dosage, and Reason for Medication: (NOTE: Medication MUST be self-administered)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical or Physical Concerns/Restrictions (vision/speech/hearing/mobility):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you follow rules and behave respectfully towards others?  Yes  No

If needed, can you administer your own medication?  Yes  No

Are you capable of attending to your own hygiene?  Yes  No

**Transportation**

If daily activities involve changing locations, The Achievement Zone provides transit for the entire group between sites. Transportation between your home to and from The Arc is not provided by The Arc.

Is a parent/guardian planning to drop you off in the morning?  Yes  No

Is a parent/guardian planning to pick you up at the end of the day?  Yes  No

Are you using an outside vendor for transportation services?  Yes  No

Transportation Vendor Company/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note every day begins at 9 AM and ends at 3 PM. If you arrive early or stay late, supervision will be provided by staff at The Arc of Monmouth. To cover this time, your support coordinator will be required to pre-authorize a portion of the Supports Program budget as a “Respite” service.

**(Our Agency Requires an IEP from the most recent educational institution attended, please attach a copy to this application)**

**Behavioral History**

Please note any behavioral/safety concerns we should be aware of, and suggestions of how you generally handle those concerns. For example, how does he/she handle disappointment, change, crowds, or noise, e.g. does he/she withdraw, run away, or respond aggressively when in an uncomfortable situation? What are some triggers we should know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any history of elopement? Will the individual run off or walk away from the group without telling someone and/or without permission?  Yes  No

Please list any fears (ex: heights, water, animals) or areas of extreme sensitivity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any other suggestions/comments that will help us best support the individual (availability, preferences, etc

**\*\*Completion of this application does not guarantee admission to The Arc of Monmouth’s Achievement Zone.**

Signature of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_