



Gabriel
Homes

PO Box 710207, Herndon, VA 20171
703-476-1592 phone . 703-935-7300 Fax

Application For Admission

Date of Application: _____

GENERAL INFORMATION

Applicant's Name: _____ DOB: _____

Current Address: _____ SSN: _____

City/State/Zip: _____ Gender: _____

LEGAL STATUS

(Please attach documentation)

Legal Guardian Yes No Name & Contact Info

Power of Attorney Yes No Name & Contact Info

EMERGENCY CONTACT INFORMATION

Primary Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Secondary Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

SUPPORT SERVICES

Medicaid Waiver: Yes No If yes, what type: _____

Support Coordinator Name: _____

Phone & Email: _____

Vocational/Day Support Provider Name : _____

Contact Name, Phone, & Email: _____

Transportation Services:

Metro Access _____ ModiveCare _____ Fastran _____ Other (who) _____

INCOME/RESOURCES

Employment: _____

SSI/SSDI: _____

Other Source of Income: _____

Does Applicant have a Special Needs Trust? Yes No

Does Applicant have an ABLE Account? Yes No

HEALTH INSURANCE

Primary Insurance: _____

Policy Holder: _____ Policy No.: _____

Secondary Insurance: _____

Policy Holder: _____ Policy No.: _____

Tertiary Insurance: _____

Policy Holder: _____ Policy No.: _____

Prescription Coverage: _____

Policy Holder: _____ Policy No.: _____

MEDICAL HISTORY

Primary Care Physician: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Date of Last Medical Exam: _____

Dentist: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Date of Last Dental Exam: _____

Specialist: _____

Specialty: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Date of Last Exam: _____

Specialist: _____

Specialty: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Date of Last Exam: _____

Allergies: Yes No

Please list any Drug/Seasonal/Environmental Allergies & reaction type:

Seizures: Yes No

If yes, frequency & type: _____

Special Dietary Needs or Limitations: _____

Current Medications:

Medication & Dose	Frequency	Purpose

Medical Equipment/Devices:

Device: _____

Frequency of use & Purpose: _____

Who Prescribed this equipment/Device: _____

BEHAVIORAL HISTORY

What things agitate applicant: _____

Does/has applicant demonstrated aggressive behavior toward self/others? If so, please describe in detail: _____

<i>Please indicate history of the following.....</i>	<i>yes</i>	<i>no</i>	<i>Comments</i>
History of oppositional/defiant behavior, ignores rules or regulations; difficulty following instructions;			
History of wandering, leaving for long periods of time, running away;			
History of Being Disruptive			
Difficulty respecting boundaries, taking others belonging, distinguishing between honesty/dishonesty			
History of hyperactivity or restless ness			
Displays stereotyped behaviors, e.g., rocks body; hands in motion			
Removes or tears off own clothing			
Displays sexually inappropriate behavior, (e.g., exposes self, inappropriate touching of self/others)			
History of use of profane or hostile language			
History of physical violent to self			
History of threatening others (verbally or physically)			
History of Damaging own or others property			
History of requiring restraint or seclusion (* GHI does not use restraint or seclusion)			

Please describe any other experiences or behaviors which are relevant to this residential placement:

LIVING SKILLS

"I" = Performs Independent without any assistance "V" = Requires Verbal Assistance to Complete Task

"P" = Requires Partial or Physical Assistance "U" = Unable to Perform Task

	I	V	P	U		I	V	P	U
Grooming -bathes/showers					Emergency and Responsibility:				
-teeth (brushes and flosses)					-can identify true emergency				
-hair (washes, rinses, and combs)					-contacts 911 (police, fire, poison control)				
-nails, fingers/toes (clean, trimmed)					-contacts doctor, medical assistance				
-shaves (razor or electric)					-contacts another adult/staff member				
-toilets (consider accidents, flushing)					-locks doors when appropriate				
-menses (regular or irregular)					-notifies others when early or late				
-washed hands with soap					-screens visitors				
Clothes: -washes					Medical Needs:				
-dries					-self-medicates accurately and safely				
-folds/hangs					-understands purpose of medications				
-puts away					-obtains prescriptions or refills				
-irons					-schedules medical appointments				
Bedroom/Personal Space: – free of food					-Attends medical appointments				
-vacuums/dusts					-recognizes need for any of the above				
-makes bed and changes linens					-notifies appropriate person of illness				
Household: -vacuums					Financial Management:				
-dusts					-cashes paycheck				
-sweep/mops floors					-budget's expenses w/o falling short				
-empties garbage					-shops for personal supplies/needs				
-wash/dry dishes dishwasher					-pays for social activities				
-cleans sink					-pays bills				
-cleans shower/bathtub					-maintains check book and deposits				
-cleans toilet					-reconciles bank statement				
Meal Preparation:					Time:				
-uses stove/oven					-associates time with various actions/events				
-uses microwave					-understands time equivalents				
-prepares nutritional breakfast					-tells time correctly and understands				
-prepares lunch (sandwiches)					Social Interaction:				
-dinner for self and others					-make friends easily				
-sets table & cleans up after meal					-relates well to members of opposite sex				
-safe with cutlery					-can live with members of opposite sex				
Transportation:					-accept (staff) direction from opposite sex				
-metro bus, including transfers					-respects others				
-metro rail, including transfers					-asks others permission, when appropriate				
-Metro Access, schedules/pays					-takes care of others' property				

What does the applicant, parent or guardian expect to accomplish through residential placement?

Name of Person Preparing Application: _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I understand that any false statement, omission, or misrepresentation on this application or in any interview is sufficient cause for refusal to accept applicant for service, or discharge if I have been served, no matter when discovered by Gabriel Homes, Inc. (GHI). Please note that all information is subject to verification.

I understand that as part of the determination process a complete review of all medical history will be conducted and that I may be asked to submit to a medical examination. I will request that the Medical Provider's disclose the information directly to GHI, which GHI is to keep according to standard practices of confidentiality.

If accepted for placement, I understand and agree to a confidential psycho-social assessment, conducted by GHI's social worker, which will help GHI evaluate my needs and establish a service plan.

Applicant's Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Guardian/POA Signature: _____ **Date:** _____

Gabriel Homes, Inc. accepts completed applications for placement throughout the year. However, applications will be kept on file until either the applicant withdraws his/her name, or a vacancy becomes available. Upon any vacancy, applicants will be contacted to furnish additional information for a thorough and timely review. The documents listed below are required upon active review for placement:

Document	Date Received
- Signed Consent for Release of Information	
- medical records (past 5 years) (immunizations)	
- medication history	
- psychological examinations (2 most recent)	
- vocational records (past 3-5 years, IEP's)	
- employment history, if applicable	
- any other relevant information	

GABRIEL HOMES USE ONLY:

Date of Receipt: _____

Date of Review: _____

Reviewed By: _____

Date of Interview: _____

Team Decision: _____

Date of Admission: _____

Level of Service: _____

Date of Transfer/Discharge: _____

Reason for Transfer/Discharge: _____
