

Application for Services

PO Box 310 • Louisville, TN 37777

Phone: (865) 984-5178

Email: info@abilityministry.com

Web: www.abilityministry.com



PLEASE SELECT ONE

Riverwood Christian • Louisville, Tennessee

New Hope Christian • Versailles, Missouri

PERSONAL INFORMATION

Name of applicant:

Address

City

State

Zip

Sex: M F

Date of birth:

Social Security Number:

Referring Agency

Person seeking placement:

Relationship to applicant:

Address:

City

State

Zip

Telephone:

Email address

Are parents living?

Father:

Yes

No

Father's Name:

Address:

City, State, Zip

Telephone:

Email:

Are parents living?

Mother:

Yes

No

Mother's Name:

Address:

City, State, Zip

Telephone:

Email:

VOCATIONAL

Does applicant have siblings? Yes No

If so, please give name, age, address, telephone, and email (if applicable) for all living siblings.

DIAGNOSIS & HEALTH

Diagnosis:

Date of onset:

IQ on psychological evaluation:

Is there mental retardation? Yes No

If yes, what is the level? Mild Moderate Severe Profound

Has the applicant ever been treated for emotional problems? Yes No

If yes, briefly describe the problem and treatment.

Describe the applicant's general health:

Is he or she on a special diet? Yes No

If **Yes**, please describe:

Please list all medications used by the applicant:

Name of Medicine	Dosage	Frequency

Has the applicant had vocational training? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what type?
What type jobs has the applicant done?
Does the applicant work now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," where?

GENERAL INFORMATION

What kind of work does the applicant enjoy?										
What are the applicant's strengths?										
What are the applicant's weaknesses?										
Why do you want the applicant in this program?										
Please mark the box if the following describes the applicant: <table><tr><td><input type="checkbox"/> Adapts well to new situations</td><td><input type="checkbox"/> Directs others</td></tr><tr><td><input type="checkbox"/> Shares appropriately with others</td><td><input type="checkbox"/> Directs self</td></tr><tr><td><input type="checkbox"/> Works at tasks independently</td><td><input type="checkbox"/> Dresses self</td></tr><tr><td><input type="checkbox"/> Accepts direction</td><td><input type="checkbox"/> Feeds self</td></tr><tr><td><input type="checkbox"/> Accepts criticism</td><td></td></tr></table>	<input type="checkbox"/> Adapts well to new situations	<input type="checkbox"/> Directs others	<input type="checkbox"/> Shares appropriately with others	<input type="checkbox"/> Directs self	<input type="checkbox"/> Works at tasks independently	<input type="checkbox"/> Dresses self	<input type="checkbox"/> Accepts direction	<input type="checkbox"/> Feeds self	<input type="checkbox"/> Accepts criticism	
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How soon could the applicant be ready to move into the program?										

Is the applicant legally competent? Yes No (To check "no" means that a court has ruled the applicant incompetent of decision making.)

If the applicant is not legally competent, can you provide proof of guardianship or financial conservatorship? Yes No

What type of health insurance does the applicant currently carry?

Where does the applicant attend church?

Minister's name:

Church address:

FINANCIAL INFORMATION

How will payment for services be made? (Check all that apply)

SSI or SS Benefits Trust Fund Family Friends

Other (Please describe):

What benefits does the applicant currently receive?

Social Security \$: _____

SSI \$: _____

Food Stamps \$: _____

Other: _____ \$: _____

1. Before this application can be considered, it is necessary for us to have a copy of a **recent psychological evaluation** (within the past three years).
2. If you have additional reports from schools, workshops, etc. that the applicant has attended, please attach a copy.
3. We also require a **picture** of the applicant.

Signature:

Date:

Printed name:

Relationship to applicant: