818 FORWARD WITH FAITH HOME RESIDENT APPLICATION

This application should be completed by the potential resident and his/her family. All questions must be answered completely for the application to be accepted. Once completed, please return this application to 818 FWF, P.O. Box 672, Pella, IA 50219. NOTE: *A $500* ***refundable*** *(if residency is NOT granted) deposit is required along with the completed application.*

PERSONAL INFORMATION:
(to be completed by the applicant and/or parent/guardian.

NAME: _____DATE OF BIRTH_____

AGE: _____ SOCIAL SECURITY NUMBER _____

ADDRESS:_____
EMAIL ADDRESS: _____
NAME OF PARENT/GUARDIAN _____
HOME PHONE:_____MOTHER'S PHONE_____
MOTHER'S EMAIL ADDRESS:_____
FATHER'S PHONE_____
FATHER'S EMAIL ADDRESS_____
CHURCH AFFILIATION_____
IS RECEIVING SERVICES FROM: ____ SSI ____ SSDI ____ PRIVATE PAY
____ OTHER
PRIMARY DIAGNOSIS:_____
NON-AMBULATORY: _____AMBULATORY:_____
BRAIN INJURY WAIVER OR ID WAIVER_____
TIER LEVEL FOR ID WAIVER _____
MEDICAID NUMBER_____
CASE MANAGER/PHONE NUMBER_____
INSURANCE PROVIDER:_____

PLEASE INLCLUDE THE FOLLOWING:
IEP (school documentation) or ISP (case manager paperwork) – PLEASE PROVIDE THIS VIA EMAIL OR PRINT WHEN SENDING IN APPLICATION. THIS IS VERY IMPORTANT FOR REFERENCE OF CARE.

_____YES _____NO Is Applicant his/her own Legal Guardian?
_____YES _____NO Does Applicant have a Legal Guardian?
_____YES _____NO Does Applicant have a Power of Attorney?
_____YES _____NO Is Applicant a U.S. Citizen
_____YES _____NO Does Applicant have a Conservator?
_____YES _____NO Does Applicant have a Rep. Payee?

(If residency is granted, a form with all the above mentioned information will also be required to fill out)

MOST RECENT SCHOOL OR COMMUNITY PROGRAM:

Name of High School_____ Year(s) of Attendance_____

Referring Teacher_____ Phone Number_____

APPLICANT'S MEDICAL HISTORY

_____YES _____NO Does applicant have a vision impairment?
_____YES _____NO Does applicant have a hearing impairment?

LIST ANY KNOWN ALLERGIES;_____

LIST ANY SEIZURE TYPE, FREQUENCY AND AGE OF ONSET_____

_____

PLEASE LIST ALL CURRENT MEDICATIONS:

NAME_____DOSE:_____TIME:_____REASON;_____
NAME_____DOSE:_____TIME:_____REASON:_____
NAME_____DOSE:_____TIME:_____REASON:_____
NAME_____DOSE:_____TIME:_____REASON:_____
NAME_____DOSE:_____TIME:_____REASON:_____
NAME_____DOSE:_____TIME:_____REASON:_____
NAME_____DOSE:_____TIME:_____REASON:_____
(Use back of necessary)

SPECIAL PROVISIONS FOR PERSONAL CARE:_____
(Use back if needed)

OTHER MEDICAL CONCERNS:_____
(Use back if needed)

PLEASE USE SPACE PROVIDED TO EXPLAIN ANY BEHAVIORAL, SPECIAL NEEDS OR CONSIDERATION THAT YOU FEEL NEED TO BE ADDRESSED FOR RESIDENCY:

_____
_____
_____
_____
_____
_____
_____
_____
_____

PLEASE SHARE ANY BEHAVIORS THAT MIGHT NEED TO BE ADDRESSED BEFORE RESIDENCY: (Ex: biting, teasing, lying, throw things, spits, paces, hits self etc.)

_____
_____
_____
_____
_____
_____
_____
_____

List dietary concerns/restrictions/food likes/dislikes_____
_____
_____

List specific concerns regarding behaviors:_____
_____
_____
_____

Transportation Needs:_____
_____

Personal Statements:

Why do you want to live in a FWF home?

What characteristics do you possess that you feel make you a good fit for a FWF home?

What are your abilities/strengths?

What are your weaknesses?

Have you had a roommate or lived somewhere else before this? How did that go?

Do you like visitors?

Do you take instructions well from someone other than your parent/guardian?

What do you like to do in your “free time’?

How busy would you like to be during the day? What would you like to do for activities during the day?

What goals would you like to have? What would you like to learn?

Do you like to watch TV? Listen to the radio? Do you prefer to watch by yourself or with others?

When do you wake up in the morning? Go to bed?

Do you understand “quiet hours” and living with others and respecting their property etc.?

How can FWF help you fulfill the need for a new residence and assist you in loving your new home?

How often do you want dad and mom/family to visit?

What do you want FWF to know about you?

Anything else you would like to share with FWF?