

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?