



St. Louis Center/St. Louis Guanella Village
16195 W. Old U.S. Hwy 12
Chelsea, MI 48118

Phone: (734) 475-8430
Fax: (734) 475-0310

Applicant Name: _____

Applicant Photo

Admission/Intake Requirements

In order for our treatment team to make a decision about placement into one of our programs, the following documents are needed for review:

- Application Form
 - Behavior Checklist
 - Current Educational Reports (IEP).
 - Current Psychological Reports. This should be at least within three years of the time application is being made and must show a Full-Scale IQ score of 70 or below
 - Medical Reports. Example: seizures, medications(s), impairments, illnesses, hospitalization(s), etc.
 - Social History: family members – siblings, home/living situation.
 - Agency I.P.O.S
 - Behavior Plans
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Once the intake packet is received and reviewed, a decision will be made on whether or not St. Louis Center/St. Louis Guanella Village can meet their needs. If so, an intake interview will then be scheduled, if not you will be provided with reasons why we cannot meet the applicants needs at this time. During an intake interview we will ask more in depth questions about how we can care for the applicant as well as financial obligations if not already discussed. An intake interview will take approximately one hour and will include a brief tour if you haven't already received one.

State of Michigan Requirements - MUST be completed before placement date:

- Physical Examination with current immunization records (within 30 days of admission)
 - Dental Examination (within 6 months of admission)
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St. Louis Center/St. Louis Guanella Forms/Information that must be submitted one week prior to the admission date:

- Permission Forms (provided by St. Louis Center/St. Louis Guanella Village)
 - Birth Certificate (Copy)
 - S.S.I. Award Letter
 - Proof of Guardianship
 - Social Security Card (Copy)
 - Agency contracts/approvals
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If the admission is for an individual over the age of 18, we will hold a Person-Centered Plan Conference on the day of admission. During the meeting we identify strengths and weaknesses, specify treatment goals to improve overall functioning and maximize independence as well as identify indicators of goal achievement/regression, discuss Self-care Skills, Safety, Basic Communication Skills, Social Skills, Recreation and Leisure Time Skills, etc. This meeting is held annually and reviewed quarterly.

New Resident Application

Application Date: _____

General Information

Applicant's Name: _____
Last First Middle

Birth Date: _____ Birth Place: _____
Month-Date-Year City State

Social Security #: _____ 5. Has applicant ever been on SSI? Yes No

Religion (if applicable): _____

Family Information

Mother's Name: _____
Last First Middle

Birth Date: _____
Month-Date-Year

Address: _____

Phone #: _____
Home Work

Religion (if applicable): _____

Education: _____

Occupation: _____

Father's Name: _____
Last First Middle

Birth Date: _____
Month-Date-Year

Address: _____

Phone #: _____
Home Work

Religion (if applicable): _____

Education: _____

Occupation: _____

Family Information Continued...

Step Mother's Name: _____
Last First Middle

Step Father's Name: _____
Last First Middle

Parents' Marital Status: Never Married Married Widowed Separated Divorced

If widowed, indicate surviving parent: _____
Last First Middle

If applicable, please list all of the applicant's siblings below...

Full Name	D.O.B.	Gender	Residence	Occupation/School/Grade
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Please list any other person(s) living in the home and their relationship to the applicant below...

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Legal Guardian Information

Legal Guardian's Name: _____
Last First Middle

Complete the following if the Legal Guardian is **NOT** a Mother or Father

Birth Date: _____ Birth Place: _____
Month-Date-Year City State

Address: _____

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Phone #: _____
Home Work

Religion (if applicable): _____

Education: _____

Occupation: _____

Reason for Application

What circumstances lead to making the decision to place the applicant at St. Louis Center/St. Louis Guanella Village?

What do you expect St. Louis Center/St. Louis Guanella Village to do for the applicant?

How long do you expect the applicant to live at St. Louis Center/St. Louis Guanella Village?

Have you applied for residential admission for this applicant at other facilities?

Yes No

Facility: _____

Address: _____

When? _____ Outcome? _____

Behavior

Describe in detail any behavioral problems the applicant has (i.e. self abuse, aggression)

Describe any behavioral problems the applicant has at school or at a vocational program?

How long do you expect the applicant to live at St. Louis Center?

What procedures are most effective in dealing with the applicant?

What are the applicant's behavioral strengths?

How does he/she choose to spend his/her time?

Education Information

Present School: _____

Address: _____

What is/was the applicant's certification for special education?

EM TMI SMI EI SXI Other: _____

What is the applicant's present school program?

EMI TMI SMI EI SXI Other: _____

List previous schools and vocational programs the applicant has attended beginning with the most recent:

Name: _____

Address: _____

Program: _____ Date Attended: _____

Start

End

Reason for Withdrawal: _____

Name: _____

Address: _____

Program: _____ Date Attended: _____

Start

End

Reason for Withdrawal: _____

Name: _____

Address: _____

Program: _____ Date Attended: _____

Start

End

Reason for Withdrawal: _____

Medical History & Information

List current/past diagnoses:

Date

_____	_____
_____	_____
_____	_____

Current prescribed and over the counter medication(s) and Reason for taking: (provide separate list if more space is needed)

Name	Frequency/Dose	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Coordination Difficulties: _____

Seizure Disorders: _____
Type Frequency

General Health at Present: _____

Has the applicant ever been seen by a specialist (Neurologist, Psychologist, Psychiatrist, Other)? Yes No

If yes, please list:

Name: _____ Title: _____

Address: _____

Results: _____

Name: _____ Title: _____

Address: _____

Results: _____

FOR OFFICE USE ONLY

Date Received

Application: _____ Social History: _____
Behavior Check List: _____ M.E.T.: _____
Psychological Examination: _____ I.E.P.C.: _____
Medical History: _____ Speech: _____

Application Packet Reviewed By:

Name: _____ Position: _____ Date: _____
Name: _____ Position: _____ Date: _____
Name: _____ Position: _____ Date: _____
Name: _____ Position: _____ Date: _____
Name: _____ Position: _____ Date: _____

Applicant Notified:

Interview Date: _____ Time: _____ Not Accepted Date: _____
Admission Team Meeting: _____
Members Present: _____

Comments: _____

Admission Date: _____ Placement Date: _____ Letter Sent: _____

Discharge Summary:

Discharge Date: _____ Address (if changed): _____

Comments: _____

Namer: _____ Date: _____

BEHAVIOR CHECK LIST

Please rate each item on the following list according to the applicant's abilities:

(1) Yes (2) No (3) Sometimes (4) Never (5) Not Functioning In this Area

II. Basic Communication Skills

A. Expressive Skills:

	1	2	3	4	5
1. Intelligent speech					
2. Uses gestures with words					
3. Intelligible when listener knows context					
4. Easily understood by:					
a. Peers					
b. Familiar people					
c. Adults					
5. Uses phrases					
6. Participates in conversation					
7. Can relate experiences in appropriate and meaningful order					
8. Non-verbal					
9. Uses sign language					

B. Receptive Skills:

1. Listens carefully in most situations					
2. Needs frequent direction in listening					
3. Can follow:					
a. One-step directions					
b. Two-step directions					
c. Multiple directions					

III. Social Skills

A. Self-control

	1	2	3	4	5
1. Can control temper					
2. Has verbal outbursts					
3. Has physical outbursts					
4. Accepts changes in routine					
5. Can accept losing in game situations					
6. Can wait turn					
7. Responds positively to authority					
8. Respects criticism					

B. Social Manners:

1. Uses:					
a. Please					
b. Thank you					
c. Other polite greetings					
2. Can make simple introduction					
3. Displays proper eating and table manners					

C. Group Participation:

1. Good winner					
2. Good loser					
3. Participates enthusiastically					
4. Participates readily					
5. Participates when encouraged					
6. Join group but does not participate actively					
7. Behaves appropriately while:					
a. Shopping					
b. In van/car					
c. Field trips					
8. Participates as a member:					
a. Family					
b. Class					
c. Church					

BEHAVIOR CHECK LIST

Please rate each item on the following list according to the applicant's abilities:

(1) Yes (2) No (3) Sometimes (4) Never (5) Not Functioning In this Area

III. Social Skills Continued...

	1	2	3	4	5
9. Relationship to family members					
a. Joins in activities at home					
b. Is affectionate toward family members					
c. Does what is requested by:					
1. Mother					
2. Father					
3. Siblings					
4. Others					

D. Personality:

1. Is enthusiastic and has fun in most work and social activities					
2. Is truthful and honest					
3. Is dependable					
4. Complies with rules and regulations:					
a. School					
b. Home					
5. Knows own property					
6. Respects the property of others					
7. Displays some leadership in play					
8. Shows and accepts affection					
9. Appears to have:					
a. Positive self-concept					
b. Poor self-concept					
10. Is generally nervous unless accompanied by a familiar person					
11. Is comprehensive about change in routines and environment					
12. Refuses to participate unless completely successful					

	1	2	3	4	5
13. Temper tantrums:					
a. Physical (throwing/hitting objects)					
b. Verbal					
c. Abusive - self					
d. Abusive - others					
a. Joins in activities					
14. Withdraws when angry					
15. Becomes angry for no apparent reason					

E. Sexual Development:

1. Recognizes body parts					
2. Recognizes changes during puberty					
3. Exhibits some understanding of body changes during:					
a. Puberty					
b. Adolescence					
4. Displays proper sexual behavior in public					

IV. Motor Skills

A. Basic Movement:

1. Runs skillfully in activities					
2. Runs with physical assistance					
3. Has ability in the following:					
a. Hopping					
b. Jumping					
c. Marching					
d. Stairs:					
1. With banister					
2. Without banister					

BEHAVIOR CHECK LIST

Please rate each item on the following list according to the applicant's abilities:

(1) Yes (2) No (3) Sometimes (4) Never (5) Not Functioning In this Area

IV. Motor Skills Continued...

A. Basic Movement (cont.)	1	2	3	4	5
e. Catches a ball					
f. Throws a ball					

B. Perceptual - Motor:

1. Knows rights and left					
2. Knows up and down					
3. Recognizes body parts					
4. Can coordinate eye-hand movements					

V. Leisure Time Skills

1. Initiates own play activities					
2. Engages in parallel play					
3. Plays cooperatively with peers					
4. Plays contently alone, but likes to be near adults					

5. Enjoys:

a. Music					
b. T.V.					
c. Singing					
d. Coloring					
e. Drawing					
f. Painting					

g. Water:

1. Swimming					
2. Playing					
3. Wading					

VI. Vocational Skills

A. Using Household Items	1	2	3	4	5
1. Can opener					
2. Radio/television					
3. Stove					
4. Toaster					
5. Vacuum cleaner					

B. Contribution to the family:

1. Clears dishes from table					
2. Hangs up own clothes					
3. Makes own bed					
4. Prepare simple foods					
5. Takes out trash/garbage					

C. Work Habits & Attitudes:

1. Can work with adults					
2. Can work with co-workers					

Comments:

Signature of Preparer _____ Relationship _____ Date _____