



APPLICATION FORM

NAME OF APPLICANT							
RELATIONSHIP TO CLIENT (check one)	Father	Mother	Legal Guardian				
Telephone (Off)							
Telephone (Res)							
Mobile							
E-mail							
Permanent Address			Current (Mailing) Address				
Reasons for seeking admission at the Assisted Living Centre							
Date							
	Signature of Applicant (both mother's and father's consent and signature are required)						

SECTION 1	FAMILY INFORMATION	
	◇ Joint	◇ Nuclear

Type of family				
Number of family members	Grand-parents	Parents	Siblings (M)	Siblings (F)
Brief description of client's relationship with mother				
Brief description of client's relationship with father				
Brief description of client's relationship with other family members				
<i>Briefly describe which family member the client is most attached to and how the attachment is manifested.</i>				
<i>Briefly describe if the client is attached to any person other than a family member (e.g., domestic help, ayah) and the nature of the attachment.</i>				
<i>Briefly describe the client's interest in other distractions (e.g., pets, music, books, TV) and the level of interest (e.g., moderate, obsessive)</i>				
SECTION 2	FUNCTIONAL INFORMATION			
<i>Please describe the client's level of ability in the following</i>				
Function	Completely dependent	Manages with significant	Manages with some	Manages independently

		assistance	assistance	
Dressing				
Undressing				
Grooming				
Dental hygiene				
Toilet				
Bathing				
Shampooing				
Applying creams, lotions etc				
Alerting appropriate person for help when periods start				
Changing sanitary pads				
Eating				
Telling time				
Meal preparation				
Shopping				
Money management				
Using a telephone				
E-mailing				
Greeting others				
Bidding goodbye				
Awareness of boundaries (self & others)				

Additional Notes regarding the above functional skills

SECTION 2 (a)	SENSORY INFORMATION
<i>Please list sensory issues if present in any of these areas. In each case please explain how it manifests itself:</i>	

Visual	
Tactile	
Auditory	
Proprioceptive	
Vestibular	

Has the client had a formal sensory assessment? If yes, please attach reports along with recommendations that have been made.

SECTION 2 (b)	PSYCHO-EDUCATIONAL INFORMATION		
School(s)	Name	From	To

attended			
Present Grade (if applicable)			
<i>Please attach reports/assessments from school personnel/professionals regarding abilities</i>			
Specific learning disabilities (if identified)			

SECTION 2 (c)		THERAPEUTIC INTERVENTIONS	
Speech & Communication	Name of Therapist		
	Address		
	Telephone		
	Mobile		
	E-mail		
Description of communication	Verbal	Non verbal	
If non verbal, what alternative means of communication is used?			
<i>Please attach reports, if any</i>			

SECTION 2 (c)		THERAPEUTIC INTERVENTIONS (continued)	
Behavioral	Name of Therapist		
	Address		

	Telephone			
	Mobile			
	E-mail			
Assessment	<i>To be filled by applicant if no professional intervention undertaken</i>			
Likes				
Dislikes				
How are these expressed?				
How are they encouraged or discouraged currently?				
What are specific inducers of stress?				
Particular times when stress levels are higher than normal	In a day	In a week	In a month	In a year
Is she/he able to calm herself when she/he is stressed? If yes, please explain this in detail. If not, please explain methods used by others to calm him/her.				
Does she/he become violent when stressed? Please include information in detail about self-injurious behaviours, possibility of injury to others, and chances that the individual may damage property.				
<i>Please attach reports of Behavioral Therapist if available.</i>				

If there is any information that you would like to add, please write this down in the space provided.

- Updated vaccination chart
- Copy of disability certificate
- Latest prescription from the doctor with the names and dosages of medication if being taken
- Complete blood check-up record (Including blood group) not more than a month old
- Record of allergies
- Any other important medical information