



# ADULT SERVICES INQUIRY FORM

## 1. PERSONAL CONTACT INFORMATION

Name of Applicant: \_\_\_\_\_

Sex: \_\_\_\_\_Female \_\_\_\_\_Male Birth Date: \_\_\_\_\_

Current Residence: \_\_\_\_\_Home \_\_\_\_\_Residential Placement

If applicable, name and address of Residential Agency:

\_\_\_\_\_

Name of current School or Day Program: \_\_\_\_\_

Month & year of high school graduation: \_\_\_\_\_

If attending Elim, name of program: \_\_\_\_\_

Religious Affiliation: \_\_\_ Reformed \_\_\_ Protestant \_\_\_ Catholic \_\_\_ Orthodox \_\_\_ Non-denominational  
\_\_\_ Jewish \_\_\_ Muslim \_\_\_ Other \_\_\_ None

Parent/Guardian Names: \_\_\_\_\_

Contact: Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/Name: \_\_\_\_\_

**\*Please include area codes & contact name.**

Email address: : \_\_\_\_\_

Guardian(s) Is the applicant his or her own guardian? \_\_\_\_\_Yes \_\_\_\_\_No

If no, name(s) of guardian(s) & relationship: \_\_\_\_\_

## 2. FUNDING

Does the applicant receive state funding? \_\_\_\_\_Yes \_\_\_\_\_No

**If no**, is the applicant on PUNS? \_\_\_\_\_Yes \_\_\_\_\_No

Are you interested in private pay? \_\_\_\_\_Yes \_\_\_\_\_No

PAS Agency/ISC Name: \_\_\_\_\_

HBS Agency/Service Facilitator Name: \_\_\_\_\_

### 3. MEDICAL INFORMATION

Primary Disability: \_\_\_\_\_

Secondary Disabilities: \_\_\_\_\_

Cognitive Level: \_\_\_\_\_Mild \_\_\_\_\_Moderate \_\_\_\_\_Severe \_\_\_\_\_Profound

Medical Issues: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant need to take medication during service hours? \_\_\_\_\_Yes \_\_\_\_\_No

Does the applicant require nursing service during service hours? \_\_\_\_\_Yes \_\_\_\_\_No

Allergies: \_\_\_\_\_Medication \_\_\_\_\_Food \_\_\_\_\_Seasonal \_\_\_\_\_Environmental

Specify Allergies: \_\_\_\_\_  
\_\_\_\_\_

Diet Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Assistive and Communication Devices: \_\_\_\_\_  
\_\_\_\_\_

### 4. FUNCTIONAL ABILITIES

#### A. Gross/Fine Motor

Mobility (check all that apply): \_\_\_\_\_independent \_\_\_\_\_physical guidance  
\_\_\_\_\_crutches \_\_\_\_\_walker \_\_\_\_\_wheelchair manual power

Comments: \_\_\_\_\_

Use of both hands: \_\_\_\_\_functional \_\_\_\_\_limited function \_\_\_\_\_no function

Comments: \_\_\_\_\_

#### B. Daily Living Skills

Check if help is required	Daily Living Skill	Describe/Explain Assistance Required
	Toileting	
	Dressing	
	Grooming	
	Eating	

C. Communication  
 Primary Language \_\_\_ English \_\_\_ Spanish \_\_\_ Other specify \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ verbal \_\_\_\_\_ communication device \_\_\_\_\_ sign language

\_\_\_\_\_ photo/pictures \_\_\_\_\_ facial expression/gestures/body movement

Comments: \_\_\_\_\_

D. Vocational  
 Has the applicant ever worked: \_\_\_\_\_ Yes \_\_\_\_\_ No

Where? \_\_\_\_\_

Describe Work Tasks and Job Tasks Performed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

E. Behavior

Check all that apply	Behavior	Describe/Explain Behavior
	Injures self	
	Causes pain/harm to others	
	Breaks/damages property	
	Interferes with others or activities	
	Unusual/repetitive habits	
	Offensive behavior	
	Withdrawn/inattentive	
	Uncooperative/stubborn	
	Other:	

Does the applicant have a behavior program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the applicant take medications for behavior/mood: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

**5. INTERESTS**

What does the applicant enjoy doing at home during his or her free time? Where does the applicant enjoy going in the community? What are the applicant’s special interests and passions?

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**6. ADDITIONAL INSIGHTS**

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**6. SERVICES DESIRED**

Service Desired	Program	Comments
	ACTS/Autism (staff ration 5 to 1)	
	Mild (DT 3 Orland-staff ration 10 to 1)	
	Moderate (DT 3-staff ration 8 to 1)	
	Severe/Profound (DT 1/Day Service-staff ratio 5 to 1)	
	Aging Disorders (Seniors-staff ration 5 to 1)	

**7. TRANSPORTATION**

Elim offers several transportation options. Families are invited to choose the option that best fits their applicant’s needs and family budget. Check your preference.	
	Premier Door-to-Door van service (at an additional cost to me)
	A pick up/drop off point (at no additional cost to me)
	PACE vouchers
	Providing my own transportation

Name of person completing application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Send application and any available related materials to:	Priority: _____	Initials: _____
Elim Christian Services	Received: _____	Follow Up: _____
Donna Terry	Tour: _____	Entered on Database/Filed: _____
15565 S. 70 <sup>th</sup> Court		
(708) 429-7493 ext. 605		