The Arc of the Mid-South

APPLICATION FOR SERVICES

Instructions: Please print or type legibly.

Date _____

Name _____

Social Security # _____ **Sex** ☐ **F** ☐ **M**

Parent's Name _____ **Home #** _____

Home Address _____ **(F) Work #** _____

City/State/Zip _____ **(M) Work #** _____

EMERGENCY INFORMATION

Doctor's Name _____ **Office #** _____

Address _____ **City/State** _____ **Zip** _____

Emergency Contact Person _____

Address: _____

Home # _____ **Work #** _____

Relationship to Applicant _____

This person will be called if you cannot be reached in the event of an illness or injury. Be sure to give the name of someone who will be available.

GENERAL BACKGROUND INFORMATION

Primary Diagnosis _____

Describe Disabilities _____

_____

_____

Chronic or recurring illness _____

Date of last medical examination _____

(This is not a requirement, but the applicant should have had a medical examination within the last 12 months.)

Prone to seizures? Yes ❍ No ❍
If yes, please describe the following:
Pre-seizure behavior _____
_____
_____
Expected seizure behavior _____
_____
_____
Length of duration _____
Post-seizure behavior _____
_____
_____

FOR OFFICE USE

___ New Client | _____Update

Date of Initial Contact _____

Services Requested ☐ **Personal Assistance** ☐ **Weekend Retreat** ☐ **Summer Camp**

Referral Source _____

Date of Home Visit _____

Authorized Signature _____

Date _____

SKILLS AND BEHAVIORS

Can applicant write?	☐ **Yes** ☐ **No**	**If yes, how well?** _____
Can applicant count?	☐ **Yes** ☐ **No**	**If yes, how high?** _____
Can applicant tell time?	☐ **Yes** ☐ **No**	
Can applicant do shopping?	☐ **Yes** ☐ **No**	
Can applicant do household chores?	☐ **Yes** ☐ **No**	
Can applicant make change?	☐ **Yes** ☐ **No**	

Fill in the medication form found after this page. Notify us if there are any changes in type, dosage, or times. Sign only the top-line and date. All weekend retreat clients may sign the form at weekend retreat drop off, where at that time, additions and corrections can be made.

Please check the answers in the items below that best describe the applicant:

Vision	☐ **No difficulty in seeing**	☐ **Some difficulty in seeing**
	☐ **Wears glasses**	☐ **No vision at all**
Hearing	☐ **No difficulty in hearing**	☐ **Some difficulty in seeing**
	☐ **Wears hearing aid**	☐ **Cannot hear at all**
Speech	☐ **No difficulty in speaking**	☐ **Does not speak clearly**
	☐ **Makes sounds & gestures**	☐ **Does not speak at all**
	☐ **Uses sign language**	☐ **Uses communication board**
Toileting	☐ **Independent in all skills**	☐ **Can indicate need to use restroom**
Skills	☐ **Needs assistance with**	☐ **Removal/fastening clothes**
		☐ **Transferring**
	☐ **Is not toilet trained.**	☐ **Proper use of toilet paper**
Dressing	☐ **Can dress & undress independently**	
Skills	☐ **Can only undress independently**	
	☐ **Needs assistance with**	☐ **Putting clothes on**
		☐ **Buttoning**
		☐ **Zipping**
		☐ **Tying Laces**
		☐ **Removing clothes**
Feeding	☐ **Can feed self independently**	☐ **Can use a fork, spoon, & knife**
Skills	☐ **Needs food cut**	☐ **Must be fed by someone**
	☐ **Can drink from a cup w/out spilling**	☐ **Requires pureed diet**
Bathing	☐ **Needs assistance with**	☐ **Running bath water**
Skills		☐ **Using soap**
		☐ **Washing thoroughly**
	☐ **Can bathe without assistance**	☐ **Getting in/out of tub**
Mobility	☐ **Able to walk independently**	☐ **Walks with assistance (brace, walker, etc.)**
	☐ **Uses wheelchair**	☐ **Requires adaptive equipment on wheelchair for eating, drinking, etc.**
Behaviors	☐ **Running away**	☐ **Self-abusive**
	☐ **Temper tantrums of a violent nature**	☐ **Destructive of environment**
	☐ **Cries for no apparent reason**	☐ **Aggressive towards other people**
	☐ **Sexual acting out**	☐ **No behavior problems**
Food	☐ **No limitations**	☐ **Can NOT eat:** _____
	Any Allergies?_____ **If yes, describe**_____	_____

STATISTICAL INFORMATION

This information is used by our office for United Way and other funding sources. Please answer all questions that are applicable, and please write legibly.

Applicant's Occupation _____

Applicant's Employer _____

Mother's Occupation _____

Mother's Employer _____

Father's Occupation _____

Father's Employer _____

Approximate Family Income

- ❍ **Below $6, 000**
- ❍ **$6,000 - $9,999**
- ❍ **$10,000 - $14,999**
- ❍ **$15,000 - $19,000**
- ❍ **$20,000 - $24,999**
- ❍ **$25,000 – 29,999**
- ❍ **Over $30,000**

Siblings – sex and age _____ _____

_____ _____

_____ _____

Does the applicant receive SSI or SSDI? ❍ **Yes** ❍ **No**

Does the applicant receive Family Support Funds? ❍ **Yes** ❍ **No**

If so, how much? _____

Ethnic Background of Applicant _____

Church Affiliation of Applicant _____

Education Level of Applicant _____

Has applicant been to school?
❍ **Yes, at** _____
❍ **Graduated Year** _____
❍ **Special Education**

Has applicant ever been employed? ❍ **Yes** ❍ **No**
Most recent:
Where _____
Dates _____

INSURANCE INFORMATION

Insurance/Tenn Care Provider _____ Provider ID # _____

The above information has been answered to the best of my knowledge. I hereby give Mid-South Arc permission to discuss with professional persons mentioned in this application any relevant information and to secure from those individuals and/or agencies any further relevant information.

Signature of Parent/Guardian Date

If you are a first time client, please return the completed application with a $35 membership and service fee to:

Mid-South Arc
Family Support Services
3485 Poplar Avenue
Memphis, TN 38111
Office: 901 327 2473
Fax: 901 327 2687

NOTE: Please attach any relevant behavior plans, cost plans, eating plans, or other helpful information.

The Mid-South Arc is an equal opportunity employer and service provider according to law prohibiting discrimination based on race, color, sex, religion, national origin, ancestry, age, handicap, or marital status. Your responses to any questions will not be used as a basis for discrimination, but will be judged on its relevance to the position or service you are seeking.