

Please provide the following information on all siblings:

Name	Age	Address if different from applicant
Name	Age	Address if different from applicant
Name	Age	Address if different from applicant

List two persons, other than parents, to be contacted in emergency:

Name	Address	Telephone	Relationship
Name	Address	Telephone	Relationship

MEDICAL/PERSONAL INFORMATION

Is the applicant on a medication program? Yes No

Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose

Name & phone number of prescribing physician: _____

Does applicant have any allergies? (List and describe reactions)	Medical Alert Information
_____	_____
_____	Does the applicant have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Date of onset _____ Frequency _____
	Date of last seizure _____

List any hospitalizations within the last 5 years. Please check the nature of hospitalizations: medical emotional

Date	Hospital	Address
Date	Hospital	Address
Date	Hospital	Address

Does the applicant have any dietary restrictions? If yes, please describe.	Does applicant hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Does applicant own/operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check differences as applicable:

learning disabled neurological social/emotional A.D.D./A.D.H.D. PDD visual impaired hearing impaired
 speech/language developmental autism mental retardation other _____
 seizures - controlled yes no type _____ date of last seizure _____

Please indicate support services currently being provided and if you anticipate the need to continue:

<input type="checkbox"/> speech	continue <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> language - continue	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> occupational therapy	continue <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> counseling	continue <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> group <input type="checkbox"/> individual	

other: (please list) _____

EDUCATIONAL INFORMATION

Beginning with the ninth grade, please list every high school applicant has attended. Please indicate the most accurate statement.

Name of School	City/State	Dates Attended	
_____			<input type="checkbox"/> Received a high school diploma.
_____			<input type="checkbox"/> Received a G.E.D.
_____			<input type="checkbox"/> Currently in high school. Expected graduation date _____.
_____			<input type="checkbox"/> Did not received a high school diploma or G.E.D. but attended school through ____ grade.

Did not attended college. Attended college.

Has applicant ever utilized a Behavior Contract? If yes, describe. _____

Please indicate the extracurricular activities in which applicant participated in high school.

WORK EXPERIENCE

Please list any jobs or job training (including summer employment) applicant had during the past three years.

Job Title/Nature of Work	Employer	Dates of Employment	Hrs/Wk	Reason for leaving	Salary/Vol.

ASSESSMENT

Please rate the applicant on the following characteristics on a scale of one to five (with one low and five high). Enter your ratings under the categories to which you feel qualified to respond.

Examples:	School	Job	Home/Leisure
Initiative	4	n/a	3
Motivation	5	n/a	3
GENERAL	School	Job	Home/Leisure
Initiative	_____	_____	_____
Motivation	_____	_____	_____
Reliability	_____	_____	_____
Perseverance	_____	_____	_____
General Attitude	_____	_____	_____

Comments: _____

INTERPERSONALAbility to relate to:
peers with disabilities

School

Job

Home/Leisure

peers without disabilities

teachers

work supervisors

young children

elderly people

people with disabilities

Comment on style of interaction and specific strengths and weaknesses in social interactions. _____

JUDGMENT/DECISION-MAKINGAbility to:
make everyday decisions using good judgment

School

Job

Home/Leisure

act in an emergency using good judgment

use people as resources (asking for help when
necessary, asking questions/clarification)

Comments: (Use examples, if possible) _____

EMOTIONAL ADAPTABILITYAbility to:
cope with stress

School

Job

Home/Leisure

adjust well to new situations

separate own problems from problems of others
(avoid taking everything personally)

Comments: (Be specific: what types of situations does the applicant find stressful? What coping mechanisms are used?)

TIME MANAGEMENT & ORGANIZATIONAbility to:
attend to daily schedule (arrives at places
on time, etc.)

School

Job

Home/Leisure

plan and carry out activities

prioritize

keep track of belongings

Comments: (Be specific about the nature of any difficulties and the kind of supervision required to cope.)

OTHER INFORMATION

Referred to Chapel Haven by: _____
Name Address Telephone

List person(s) or agencies responsible for tuition costs:

Name Address Telephone

Name Address Telephone

ADMISSION PROCESS

All Chapel Haven applications should be forwarded to the Admission Office and be accompanied by the items outlined below. The Admission Office will contact the candidate to schedule the visit (required).

1. Application - no fee required
2. Psychological evaluation completed within the last 3 years
3. Educational Reports IEP
4. High school transcript
5. Vocational evaluation, if available
6. Neurological evaluation, if appropriate

DISCRIMINATION

No applicant shall fail to be admitted, no resident shall be excluded from participation in program activities, nor denied resident benefits or be otherwise discriminated against on the basis of age, sex, race, creed, national origin or handicapping condition.

_____ has not been declared legally incompetent, therefore, it is assumed that (s)he is legally competent.
(Name of applicant)

Signature of Legal Guardian or Parent

Date

I declare that the information provided in support of the application of _____ for admission to Chapel Haven, Inc. is accurate and complete to the best of my knowledge. I understand that if it is determined that relevant information has been withheld or misrepresented in the application process, the candidate will be ineligible for admission. If it is later determined that a resident was admitted to the Chapel Haven, Inc. program on the basis of incomplete or misrepresented information provided during the admission process, the resident will be dismissed from the program. In either case, the deposit will not be refunded.

Applicant's Signature _____

Date _____

Parent (Guardian) Signature _____

Date _____

(Father)

(Mother)

Date _____

Please see next page for Applicant's Personal Essay

FOR OFFICE USE ONLY

Applicant Tour Date: _____

Parent's Tour Date: _____

Admission Date: _____

Discharge Date: _____

Applicant's Personal Essay

Why would you like to come to Chapel Haven? The length should be no more than 100 words or one full handwritten page. Use this page of the application for your essay and please work without assistance.