



ADMISSION APPLICATION FOR ADULT PROGRAM

Instructions: Please submit this completed application along with a recent psychological evaluation, medical evaluation, current service plan and any other relevant reports to the Adult Program Director at the address above.

DATE: _____

CLIENT INFORMATION

Client's Name: LAST _____ FIRST _____ M. _____

Address : _____ Phone# :(_____ - _____ - _____)

City: _____ State _____ Zip _____

Date of Birth: _____ Gender: Male or Female (circle one) Marital Status:

Single Married Divorced Separated (circle one) Medicaid #:

Have you ever been charged or convicted of a crime? Yes or No (circle one) Are you on probation or parole? Yes or No (circle one)

If yes, what is your status?

Have you ever been found legally incompetent? Yes or No (circle one) If yes, please explain

Are you currently receiving services from a day program? Yes or No (Circle one)

If yes, what is the name of the program? -----

NAME _____ DATE _____



Why are you seeking a change?

Reason for Seeking Admission:

Brief Medical History:

Brief Educational History:

(Please Comment on Client's)
Self-Direction:

Special Skills & Talents:

Communication Skills & Preferred Mode of Communication:



Interpersonal Skills:

Mobility:

Self-Care:

Likes & Dislikes:

COMMENTS/ADDITIONAL INFORMATION:





Signature of Participant, _____ Date _____

Signature of Parent and/or Legal Guardian: _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Accepted/Denied/Waiting List _____

Reason: _____

Date of Admission to the Program: _____ Date Services _____

Initiated: _____

St. Coletta Executive Director's Signature _____ **Date** _____

