



Date of Application_____

Date Received at BVT_____

**BRECKENRIDGE VILLAGE OF TYLER
ADMISSION APPLICATION**

Requested Placement: (Check Appropriate Box) ☐ Day Program ☐ Residential

APPLICANT'S NAME_____

(Last) (First) (Middle)

Address_____

(Street address) (City) (State) (Zip)

Date of Birth_____Place of Birth_____Sex____Height_____Weight_____

Marital Status _____ Usual Occupation_____

Social Security Number_____

FATHER'S NAME _____ Home Ph. #()_____

Home address_____

(Street address) (City) (State) (Zip)

Occupation_____ Bus. Ph. #()_____

MOTHER' NAME_____ Home Ph. #()_____

Home address_____

(Street address) (City) (State) (Zip)

Occupation_____ Bus. Ph. #()_____

Email Address: _____

LEGAL GUARDIAN (If other than parent)_____

Relationship_____

Home Address_____

Home Phone #_____ Business Phone #_____

GENERAL SOCIAL INFORMATION

Has the applicant had any of the following? If yes, give name of the person or agency. Include copies of reports from this person/agency.

	Yes	No	Dates	Person/Agency
Psychological evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychological counseling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychiatric evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speech/language assessment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medical evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please answer the following questions. Attach additional pages as needed.

1. Describe applicant's general health, including specific medical problems and/or disabilities.

2. Describe applicant's social/emotional state **most** of the time. (For example: withdrawn, hyper-verbal, frustrated, sociable, even-tempered, etc.)

3. Does he/she prefer to be with peers, family, someone older or be alone? Explain:

4. Please check which of the following applies to the applicant:

- | | |
|---|--|
| <input type="checkbox"/> likes people | <input type="checkbox"/> gets angry easily |
| <input type="checkbox"/> gets along well with friends | <input type="checkbox"/> courteous to others |
| <input type="checkbox"/> follows directions willingly | <input type="checkbox"/> tends to be shy initially |
| <input type="checkbox"/> shows concerns for others | <input type="checkbox"/> can introduce self |
| <input type="checkbox"/> tends to be a loner | <input type="checkbox"/> forms close relationships |
| <input type="checkbox"/> respects rights & property of others | <input type="checkbox"/> is generally happy |

5. Describe how the applicant reacts when he/she gets angry. (For example: pouts, tantrums, aggressive, etc.)

6. Does the applicant require constant at-home supervision? ☐ Yes ☐ No
Can the applicant be left at home to function independently? ☐ Yes ☐ No
If yes, for what period of time? _____

7. Has the applicant ever been involved with the following?

- | | | |
|-------------------|------------------------------|-----------------------------|
| Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

8. Which of the following apply to the applicant's speech/language and communication skills?

- | | |
|---|---|
| <input type="checkbox"/> speaks spontaneously | <input type="checkbox"/> understands short, direct commands |
| <input type="checkbox"/> communicates basic needs | <input type="checkbox"/> communicates by writing |
| <input type="checkbox"/> uses complete sentences | <input type="checkbox"/> comprehends written statements |
| <input type="checkbox"/> uses sign language | <input type="checkbox"/> uses gestures effectively |
| <input type="checkbox"/> has small vocabulary | <input type="checkbox"/> uses sentences effectively |
| <input type="checkbox"/> understands lengthy dialogue | <input type="checkbox"/> uses idiosyncratic gestures |
| <input type="checkbox"/> makes little or no effort to communicate verbally or with gestures | |

9. Describe the applicant's speech and language effectiveness:

SELF-HELP SKILLS

MEALS:

- ☐ No assistance needed
☐ Total assistance needed
☐ Needs a straw for liquids

- ☐ Some assistance needed
☐ Food needs to be cut/chopped

Special instructions: _____

SHOWERS:

- ☐ No assistance needed
☐ Total assistance needed

- ☐ Some assistance needed
☐ Help shampooing hair only

Special instructions: _____

DRESSING:

- ☐ No assistance needed
☐ Total assistance needed

- ☐ Some assistance needed
☐ Needs help with buttons/zippers

Special instructions: _____

MOBILITY: (check all that apply)

- Uses: ☐ Walker ☐ Braces ☐ Crutches
☐ Manual wheelchair ☐ Electric wheelchair ☐ No assistance needed

TOILETING:

- ☐ No assistance needed ☐ Help transferring ☐ Help cleaning up
☐ Wets bed ☐ Diapers/Depends ☐ Day ☐ Night ☐ Both
☐ Bowel control ☐ Limited ☐ No control
☐ Bladder control ☐ Limited ☐ No control

Special instructions: _____

- | | | | |
|--|--|--|---|
| Wash face | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Brush teeth | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Comb hair | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Trims fingernails | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Trims toenails | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Use deodorant | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Can shave | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |
| Manages menstrual period (if applicable) | <input type="checkbox"/> Needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs total help |

INTELLECTUAL & DEVELOPMENTAL DISABILITIES SERVICES

Check all services and supports that the applicant is receiving currently related to IDD services. Attach additional documentation if applicable. (Ex: Person Directed Plan (PDP), Inventory for Client Assessment and Planning (ICAP), etc.)

Local IDD Authority or Private Provider Services & Supports:

- ☐ General Revenue
- ☐ STAR + Waiver
- ☐ Intermediate Care Facilities for IDD
- ☐ Texas Home Living
- ☐ CLASS
- ☐ Home and Community Based Services (HCS)

Unsure if the applicant receives these program services, please check any of the below that apply:

- ☐ Service Coordinator/Case Manager comes to see them
- ☐ Receives Personal Attendant Services or Respite
- ☐ Attends a Day Habilitation Program that someone else pays for
- ☐ Receives Foster Care/Host Home Services
- ☐ Resides in a group home (3/4 bed= HCS; 6 + = ICF)

If currently receiving IDD services and supports please list the contact information for your Local IDD Authority or Private Provider:

Contact Name: _____ Phone #: _____

Address: _____

Email Address: _____ Fax #: _____

Has the applicant received Behavior Management Services from the Local IDD Authority or a Private Provider? If so, please explain:

SCHOOLS OR PROGRAMS ATTENDED

Check all situations in which the applicant participated and complete the following information on each situation. Attach additional pages if needed.

- | | |
|---|---|
| <input type="checkbox"/> Public education: Graduate _____ Age _____ | |
| <input type="checkbox"/> Day school | <input type="checkbox"/> Competitive employment |
| <input type="checkbox"/> Sheltered workshop | <input type="checkbox"/> State school |
| <input type="checkbox"/> Group/family care home | <input type="checkbox"/> Private school |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Other _____ |

Name of facility _____ Dates attended _____

Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

Person to contact for more information _____

Name of facility _____ Dates attended _____

Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

Person to contact for more information _____

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Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

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