ORI
OPPORTUNITIES AND RESOURCES, INC.
64-1510 Kamehameha Highway, Wahiawa, HI 96786
PHONE: (808) 622-3929 *E-mail: helemano808@hawaii.rr.com* *FAX: (808) 621-5191*

APPLICATION FOR PROGRAM SERVICES

Applying For: [ ] Adult Day Program (Waiver, ICF-IID)
[ ] Work Experience Training Program
[ ] Residential Program (ICF-IID, DD Domiciliary, Private Fee-for-Service)

GENERAL INFORMATION

APPLICANT NAME: _____ DATE OF APPLICATION: _____

BIRTHDATE: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____

CITY / STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____

LEGAL GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS (if different from above): _____

CURRENT LIVING ARRANGEMENT: (please check appropriate box)

[ ] Intermediate Care Facility (ICF-MR) [ ] Care Home [ ] Foster Home [ ] Domiciliary Home

[ ] Group Home [ ] Boarding Home [ ] Independent Living [ ] Other: (specify) _____

MARITAL STATUS: ___Married ___Single ___Divorced ___Widowed

SEX: _____Male _____Female

APPLICANT IS A: _____U.S. Citizen _____ Permanent Resident Other: _____

SCHOOL / DAY PROGRAM / WORK TRAINING HISTORY:

1. HAS THE APPLICANT ATTENDED OTHER SCHOOLS? [ ] YES [ ] NO

SCHOOL NAME: _____ ATTENDED FROM _____ TO _____

ADDRESS: _____

2. HAS THE APPLICANT ATTENDED OTHER DAY PROGRAMS? [ ] YES [ ] NO

FACILITY NAME: _____ ATTENDED FROM _____ TO _____

ADDRESS: _____

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SCHOOL / DAY PROGRAM / WORK TRAINING HISTORY: (continuation)

3. HAS THE APPLICANT ATTENDED A WORK TRAINING PROGRAM?[ ] YES [ ] NO

FACILITY NAME: _____ATTENDED FROM _____TO _____

ADDRESS: _____HOURS WORKED PER WEEK: _____

TYPE OF WORK / POSITION:_____AVERAGE PAY OR INCENTIVES: _____

SOCIAL SERVICE AGENCY: (please list any Social Service Agencies involved with the applicant)

1. AGENCY NAME: _____CONTACT PERSON: _____
PURPOSE (Type of service):_____

AGENCY NAME: _____CONTACT PERSON: _____
PURPOSE (Type of service):_____

FAMILY INFORMATION

FATHER: _____

PLACE OF EMPLOYMENT: _____ JOB TITLE: _____

HOME PHONE NUMBER: _____WORK PHONE NUMBER _____

MOTHER: _____

PLACE OF EMPLOYMENT: _____ JOB TITLE: _____

HOME PHONE NUMBER: _____WORK PHONE NUMBER _____

OTHER CONTACT PERSONS:

NAME: _____ RELATIONSHIP TO APPLICANT: _____ JOB TITLE: _____

NAME: _____ RELATIONSHIP TO APPLICANT: _____ JOB TITLE: _____

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APPLICANT'S PERSONAL PROFILE

Please take the time to answer the following questions, which will aid in the evaluation process. Feel free to use additional sheets if necessary.

1. What do you think the applicant's capabilities are in terms of self-care and job potentials?

_____
_____
_____

TRANSPORTATION CAPABILITY: [ ] Public Bus [ ] Handi-Van Other: _____

2. Why are you applying to our agency at this time?

_____
_____
_____

3. What do you foresee as appropriate goals for the applicant?

_____
_____
_____

4. What are some of the applicant's hobbies, likes and dislikes?

_____
_____
_____

5. Please provide a brief description of challenging behaviors (including any history of self-abusive or violent behavior)?

_____
_____
_____

ANY HISTORY OF SUBSTANCE ABUSE _____

ANY HISTORY OF CONVICTIONS FOR OFFENSES AGAINST THE LAW: [ ] YES [ ] NO

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HEALTH CARE INFORMATION AND HISTORY

Please answer the following questions, whichever applies. Your answers are for our records only and will be considered confidential. *To be filled out by the applicant or his/her guardian, parent, caregiver or relative.)*

PRIMARY PHYSICIAN: _____ PHONE NUMBER: _____

ADDRESS: _____

LAST PHYSICAL EXAM: DATE: _____

DIAGNOSES: _____

_____ _____

CAUSE OF INTELLECTUAL OR DEVELOPMENTAL DISABILITY: _____

VERIFICATION OF DISABILITY DIAGNOSES BY? _____

Name of Medical Doctor and/or Psychologist

IF MEDICATION IS NEEDED, DOES THE APPLICANT NEED ASSISTANCE IN TAKING HIS / HER MEDICATION? [ ] YES [ ] NO If yes, please explain _____

DOES THE APPLICANT COOPERATE IN TAKING HIS / HER MEDICATION? [ ] YES [ ] NO

If not, please explain: _____

LIST ALL CURRENT MEDICATIONS BEING TAKEN:

MEDICATION: _____ DOSAGE: _____

MEDICATION: _____ DOSAGE: _____

MEDICATION: _____ DOSAGE: _____

MEDICATION: _____ DOSAGE: _____

IS THE APPLICANT CURRENTLY UNDER THE CARE OF A PSYCHIATRIST? [ ] YES [ ] NO

NAME OF PSYCHIATRIST: _____ PHONE NUMBER: _____

REASON: _____

IS THE APPLICANT CURRENTLY UNDER THE CARE OF A SPECIALIST OTHER THAN HIS / HER FAMILY DOCTOR [ ] YES [ ] NO

NAME OF PHYSICIAN: _____ PHONE NUMBER: _____

REASON: _____

ANY OTHER HEALTH CONDITION THAT NEED MEDICAL ATTENTION (including any present communicable disease, pre-natal care, etc.)? _____

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FUNCTIONAL SKILLS ASSESSMENT

BEHAVIOR	**YES**	**NO**
Sexually / Socially Appropriate	[ ]	[ ]
Self – Abusive	[ ]	[ ]
Aggressive	[ ]	[ ]
Running Away	[ ]	[ ]
Property Destruction	[ ]	[ ]

Please explain: _____

TOILETING SKILLS	**YES**	**NO**
Continent (no toileting accidents)	[ ]	[ ]
Able to use toilet without assistance	[ ]	[ ]
Toilets with physical assistance	[ ]	[ ]

Please explain: _____

_____

COMMUNICATION	**YES**	**NO**
Verbal	[ ]	[ ]
Non-verbal	[ ]	[ ]
Understands Simple Instructions	[ ]	[ ]
Uses communication device	[ ]	[ ]
Communicates through sign language	[ ]	[ ]

Please explain: _____

PERSONAL HYGIENE	**YES**	**NO**
Bathes self independently	[ ]	[ ]
Grooms self independently	[ ]	[ ]
Needs physical assistance	[ ]	[ ]

Please explain: _____

_____

MOBILITY	**YES**	**NO**
Ambulates	[ ]	[ ]
Ambulates with a device	[ ]	[ ]
Does Not Walk	[ ]	[ ]
Moves About in a Wheelchair	[ ]	[ ]

Please explain: _____

DRESSING	**YES**	**NO**
Dresses self independently	[ ]	[ ]
Needs verbal reminders/prompts	[ ]	[ ]
Needs physical assistance	[ ]	[ ]

Please explain: _____

COGNITIVE / SOCIAL SKILLS	**YES**	**NO**
Does household chores	[ ]	[ ]
Chooses / initiate leisure activity	[ ]	[ ]
Manages own money	[ ]	[ ]
Socially interacts with others	[ ]	[ ]

Please explain: _____

_____

EATING	**YES**	**NO**
Feeds Self Independently	[ ]	[ ]
Feeds Self with Assistance	[ ]	[ ]
Spoon / Syringe Fed	[ ]	[ ]
Eating Problems	[ ]	[ ]

Please explain: _____

_____

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APPLICANT'S INCOME AND RESOURCE INFORMATION

Please check the resources of the applicant for payment of program fees and other personal expenses.

[ ] Supplemental Security Income **Payee: _____**

[ ] Social Security **Payee: _____**

[ ] Veteran's Benefits **Payee: _____**

[ ] Welfare / Public Assistance **Payee: _____**

[ ] Pension / Annuity **Payee: _____**

[ ] Parent / Family or Legal Guardian

[ ] Trust or Other Long-Term Financial Arrangement

[ ] Insurance (Please specify: _____)

[ ] Welfare Assistance–Medical: [ ] Medicaid # _____ [ ] Medicare # _____

[ ] Private --- Medical Insurance: _____ Premiums paid by: _____

[ ] Private --- Dental Insurance: _____ Premiums paid by: _____

[ ] Funeral Plan / Burial Plot

[ ] Other (please specify): _____

IF ACCEPTED, WHEN WILL APPLICANT BE ABLE TO MOVE IN: _____

Additional information will be needed from the applicant after acceptance into ORI's program(s).

I certify that the information contained in this application is correct to the best of my knowledge and I am not falsifying or withholding any information from the Managing Agent, the U.S. Department of Housing and Urban Development, or the U.S. Department of Agriculture, Rural Development Administration. I authorize the Managing Agent, the U.S. Department of Housing and Urban Development or the Rural Development Administration to obtain and verify information about income, assets, personal data and conduct of this applicant. Sources of such information may include but are not limited to employers, social workers, welfare workers, resident managers, court records, vocational trainers, and police departments.

DATE: _____ APPLICANT: _____

LEGAL GUARDIAN: _____

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CONSENT TO OBTAIN INFORMATION

I hereby authorize Opportunities and Resources, Inc. / Helemano Village to obtain the following reports on: _____.

Name of Applicant

_____
_____
_____
_____
_____
_____
_____

For the purpose of: _____

This consent may be withdrawn at any time upon written request of the applicant or legal guardian.

DATE: _____ APPLICANT: _____

LEGAL GUARDIAN: _____

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SOCIAL BEHAVIOR	RARELY	SOMETIMES	ALWAYS	COMMENTS
Respects Authority				
Accepts Criticism				
Asks For Aid When Needed				
Accepts Responsibility				
Willingly Helps Other				
Listens to and Follow Directions				
Attends to Task				
Completes Task				
Works Well With Others				
Respects Property Of Others				
Cares For Personal Property				
Shares And Takes Turns				
Demonstrates Pride In Work				
Controls Temper				
Is Polite				
Demonstrate Appropriate Behavior w/ Opposite Sex				
Does Not Interrupt				
Behaves Appropriately With Strangers				

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ADULT DAILY LIVING SKILLS INVENTORY

COMMUNITY INTERACTION SKILLS	IND	PA	VP	DEP	COMMENTS
Uses Public Transportation					
Is Aware Of Public Transportation Available					
Uses Community Resources (library, stores, churches)					
Can Manage Money Independently					
Knows Community Resources Are Available					
Knows Value Of Coins and Dollar Bills					
Can Handle Bank Accounts					
Understands And Uses A Budget					
Shops For Clothes, Etc.					
Participates In Social Activities With Family					
Participates In Social Activities With Friends					
Participates in Social Activities With Peers					
Structures Own Leisure Time					
Enjoys Participating In Planned Activities					
Follows Rules When Playing Group Games					
Rides A Bicycle					
Entertains Self With Books, Magazines, Hobbies					
KNOWLEDGE OF EMERGENCY PROCEDURES	**IND**	**PA**	**VP**	**DEP**	**COMMENTS**
Can use Phones					
Knows Rudimentary First Aid					
Knows Fire Evacuation Procedures					
Knows Emergency Weather Procedures					

LEGEND: IND – Consistently Independent and Capable of Completing Task
PA – Needs Physical Assistance
VP – Needs Verbal Prompts or Occasional Reminders
DEP – Dependent on Others to Complete Task

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ADULT DAILY LIVING SKILLS INVENTORY

HOUSEKEEPING: FOOD PREPARATION	**IND**	**PA**	**VP**	**DEP**	**COMMENTS**
Washes Dishes					
Cleans Kitchen					
HOUSEKEEPING: CLEANING	**IND**	**PA**	**VP**	**DEP**	**COMMENTS**
Makes Bed					
Changes Bedding When Necessary					
Keeps Room Neat					
Dusts					
Sweeps					
Vacuums					
Washes Windows					
Cleans Bathrooms					
Takes Out Garbage					
MAINTENANCE	**IND**	**PA**	**VP**	**DEP**	**COMMENTS**
Changes Light Bulbs					
Washes A Car					
Defrosts A Refrigerator					
Cleans An Oven					
COMMUNITY INTERACTION SKILLS	**IND**	**PA**	**VP**	**DEP**	**COMMENTS**
Can Tell Time Accurately					
Can Tell Time To The Half-Hour					

LEGEND: IND – Consistently Independent and Capable of Completing
PA – Needs Physical Assistance
VP – Needs Verbal prompts or Occasional Reminders
DEP – Dependent on Others to Complete

Rev. 03/2020