



Arc of Maui County
Application for Residential Services

Date Received: _____

PLEASE PRINT OR TYPE

Date: _____

Applicant's Name: _____
Last First Middle

Date of Birth: _____ Sex (optional) _____ Male _____ Female

Social Security # _____ Citizenship: _____

Medicaid # _____ Phone: _____

Address: _____

City/State/Zip: _____

Please list all other states applicant has resided in: _____

Is any household member a registered lifetime sex offender in any state: _____ Yes _____ No

Applicant Ethnicity: _____
(optional)

Current Living Situation:

_____ Family _____ Domiciliary Home _____ Foster Home _____ ICF/ID Home _____ Other

Legal Guardian: _____
(name) (relationship/title)

Address: _____

Phone: _____ Email address: _____

Other Legal Guardian(s): _____

Case Manager: _____ Phone: _____

Family Information:

Father: _____ Email address: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Mother: _____ Email address: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Applicant's Condition (s) (check all that apply):

_____ Intellectual/Developmental Disability (I/DD) (diagnosis): _____

_____ Autism _____ Cerebral Palsy _____ Epilepsy _____ Learning Disability

_____ Visual Impairment (degree of impairment): _____

_____ Hearing Impairment (degree of impairment): _____

_____ Other Diagnoses: _____

Adaptive Protective Equipment Needed (e.g. furniture, wheelchair, walker, cane, etc.):

Education, Training, Employment History (list last school or program:

1. _____ From _____ To _____

2. _____ From _____ To _____

3. _____ From _____ To _____

Financial Support (list monthly amount received in each category as appropriate:

Family: _____ Social Security: _____ SSI: _____

Trust: _____ Employment: _____ Other: _____

Eligible for Medicaid: ____ Yes ____ No

Services you are applying for (check all that apply): _____ DDDH _____ ICF/ID

How did you hear about our services: _____

Person Completing Application:

Name: _____ Relationship to Applicant: _____

Signature: _____ Date: _____ Phone: _____

Applicant Signature: _____ Date: _____

AUTONOMY CHECKLIST

MEDICAL	Yes	No	With Assistance
Safely administers and stores own medication			
Administers emergency first aid			
Identifies signs of personal illness			
Manages routine illness with minimal support			
Keeps doctor's appointments			
Follows routine medical instructions			
Comments:			
EMERGENCY			
Recognizes emergencies and responds appropriately			
Evacuates in case of emergency when necessary			
Calls emergency numbers and requests assistance			
Understands and follows verbal instructions			
Comments:			
PERSONAL SKILLS			
Has a house key and is responsible for it			
Goes shopping			
Manages personal grooming (bath, shower, wash hair)			
Chooses appropriate clothing to wear			
Comments:			
HOUSEKEEPING			
Cleans own room			
Makes bed and changes bedding			
Chooses décor for bedroom			
Does minor household repairs (change light bulb)			
Takes out the trash			
Does basic sewing/mending			
Comments:			
NUTRITION			
Plans a menu			
Purchases food			
Operates appliances (stove, oven, microwave, toaster)			
Uses common kitchen tools (can opener, knife, tongs, grater)			
Follows a recipe			
Makes a meal			
Sets the table			
Comments:			

LAUNDRY	Yes	No	With Assistance
Puts dirty clothes in hamper			
Sorts clothes			
Uses washer and dryer			
Irons clothes			
Hand washes clothes			
Folds clothes			
Comments:			
FAMILY INTERACTION			
Watches TV and interacts with others regarding the show			
Helps take care of siblings			
Participates in family decisions			
Plans family activities			
Takes care of pets			
Comments:			
SANITATION SAFETY			
Prepares and stores food safely			
Handles waste disposal in a sanitary/safe fashion			
Washes dishes and/or pots and pans			
Maintains personal sanitation and hygiene			
Comments:			
PERSONAL SAFETY			
Takes responsibility for self when away from home			
Takes responsibility for/secures home and personal belongings			
Uses and maintains electrical and household appliances safely			
Takes responsibility for own sexual behavior			
Comments:			
FINANCIAL			
Manages own money and/or bank account			
Plans for use of money and makes personal purchases			
Budgets effectively			
Comments:			
TRANSPORTATION			
Routinely transports self independently (bus, handivan)			
Requests assistance, asks directions, uses telephone when needed			
Comments:			