Providing individualized services and supports for persons with intellectual and developmental disabilities

Application for Services

We appreciate that you want to know more about Langton Green, and we welcome your application. The questions in this packet will be used to:

- Help in the selection of applicants, and
- Establish the background information that will enable program staff to know each applicant better.

You are probably wondering about fees:

- The program fee is determined by a standardized formula via the Maryland Department of Disabilities Administration (DDA) regulations.
- Rent is determined by a sliding scale using a formula provided by the Department of Housing and Urban Development (HUD) for Section 8 housing projects. No applicant will be denied admission because of race, color, religion, national origin, or sex.

All information you submit will remain confidential. You may return the completed application to:

Langton Green, Inc.
Attention: Residential Application
3016 Arundel on the Bay Road
Annapolis, MD 21403
Fax: 410-269-0297
info@langtongreen.org

LGI 5-13-19

Date: ________________

Applicant: ____
Last First Middle

Present living arrangements: ______________________________

____

Address: ____

____
City State Zip Code County

Phone: __________________________

Social Security Number: ______ - ______ - ______ Gender: M ____ F ____

Date of Birth: _____ / ______ / ______ Place of Birth: ________________________
Month Day Year

Race: ______________________ Marital Status: ________________________

Referring agency: ______________________________________

Referring agency representative: ______________________________

Referring agency phone: ______________________

If not an agency referral:

Name of individual referring: ______________________________

Relationship to applicant: ______________________________

Phone number: ________________________

Emergency Information

Name of #1 emergency contact: ______________________________

Phone: ____________________ Relationship: ________________________

Name of #2 emergency contact: ______________________________

Phone: ____________________ Relationship:

____

Vocational / Educational

Is applicant employed? Yes _____ No _____

If yes, where? ____

Contact person: ______________________ Phone: ______________________

If no, what program does the applicant attend? ____________________________

Contact person: ______________________ Phone: ______________________

Address: ____

Date began attending: ______________________

Skill Development and Independent Functioning

Please indicate whether the applicant requires assistance or functions independently in the following areas. Feel free to elaborate on any item on the back of this page.

	Needs Assistance	Independent
Eating		
Bathroom		
Bathing		
Shampooing		
Brushing/combing hair		
Brushing teeth		
Shaving		
Dressing		
Use of telephone		
Use of money		
Use of public transportation		
Making purchases		
Medication		

Does the applicant perform any household or other chores on a regular basis? If so, describe: ____

____

____

How does the applicant spend leisure time; for example: activities, interests, hobbies, etc.? ____

____

____

_

Why are you applying to Langton Green? ______________________________

What do you expect the applicant to gain from the program? ______________

How did you find out about Langton Green? ______________________________

Family History

Father			Mother		
Name:			Name:		
Address:			Address:		
Phone:			Phone:		
Age:			Age:		
Marital status:			Marital status:		
Work phone:			Work phone:		
Siblings			Siblings		
Name	Age	Phone	Name	Age	Phone

Background Information

Is there a history of disability in the family? If yes, please explain what the disability is, and who in the family is disabled: ______________________________

Complications of pregnancy/delivery: ______________________________

First notice of disability: ______________________________

_

Developmental milestones (sat up, walking, talking, etc.): ____________________

Educational history – schools and dates attended: ____________________

Vocational history – programs attended and dates: ____________________

Behavioral and Emotional Background

Please describe the applicant's behavior (appropriate vs. childish): ____________________

Are there any specific behavioral problems? ____________________

Is the applicant emotionally prepared to move into an alternative living situation?

What should we know about the applicant to best serve him/her? ____________________

Medical Background Information

Please provide name, address, and phone for the following physicians:

Primary name: Address: Phone:
Psychiatrist name: Address: Phone:
Dentist name: Address: Phone:
Opthalmologist name: Address: Phone:
Other name and Specialty: Address: Phone:

Medications, including over-the-counter and vitamins (use back if necessary):

Name	Dosage	Reason given	Prescribed by

Pharmacy name: ______________________________

Address: ______________________________

______________________________ Phone: ______________________________

Medical History

List childhood illnesses:

____
____
____
____
____
____
____
____
____
____

List hospitalizations and/or surgeries, along with date and reason:

____
____
____
____
____
____
____
____
____
____

Does the applicant have any of the following?

Speech:	Yes	No	Hearing:	Yes	No
If no, how does the applicant communicate?			Uses hearing aids:	Yes	No
			Deaf:	Right	Left
Cardiac:	Yes	No	Blindness:	Yes	No
Orthopedic:	Yes	No	Wears glasses:	Yes	No
Amputation:	Yes	No	Diabetes:	Yes	No
Epilepsy:	Yes	No	Takes insulin:	Yes	No
- *If yes, frequency*: - *Severity*: - *What's typical?*					
Other *(please specify)*:					
Allergies - Food: - Medication: - Environmental: - Seasonal: - Typical reaction: - What treatment is needed for a reaction?					
Nutrition - Is there a special diet or restrictions? - Likes: - Dislikes: -Anything the applicant CANNOT eat:					
Medical Appointments - Behavior on appointments: - Requires sedation for any appointments or procedures:					
Is there anything else the nurse should know?					

Person who assisted in filling out this application: ______________________________

Signature:___________________________________ Date: __________________