



Dear Applicant,

Thank you for considering MERT Enterprises, Inc. as one of your options for supported living. Enclosed you will find our application. The information requested on the application helps us to know you and determine if we can meet your needs. We hope it will also offer you the opportunity to reflect on your desires and individual support needs.

Please provide a response to each item and take your time filling this out with someone who knows you well and with whom you are comfortable. The information provided helps us to process your application in a timely manner. Please feel free to call our office at any time during the application/referral process if you would like additional or specific information about supported living and/or other services provided by MERT Enterprises, Inc. We will be happy to answer any questions you may have or to schedule an appointment to meet with you.

We look forward to receiving your completed application packet. Thank you again for consideration of MERT Enterprises, Inc. for your support needs.

Sincerely,

Mary E. Rush
Executive Director

Application for Supported Living

Name: _____ Social Security No.: _____

Current Address _____

Phone Number _____

Date of Birth _____ Place of Birth _____

Physical Description

Eye Color _____ Hair Color _____ Height _____ Weight _____

Gender _____ Birthmarks/other distinguishing marks _____

Medical Information

Medicaid # _____ Medicare # _____

Allergies _____

Medications _____

Hospital Preference (optional) _____

Diagnoses _____

Primary Disability _____

Adaptive/Assistive Equipment _____

Please include Names, Addresses, Phone numbers and Specializations (if applicable):

Physician(s) _____

Dentist _____

Psychologist _____

Psychiatrist _____

Guardianship

Legal Guardian(s) _____

Legal Competency Status _____

Representative Payee _____

ISC _____

Correspondent _____

General Information

Citizenship Status _____ Religious Preference _____

Language(s) Spoken _____

Language(s) Understood _____

Marital Status _____ Spouse's Name/Address (*if applicable*) _____

Schools Attended (include highest grade completed) _____

Day Program(s) Attended (Indicate if still attending) _____

Referral Information

Referral Source _____

Contact Person _____

Reason for Referral _____

1. _____

2. _____

3. _____

Applicant History

Name: _____ Date: _____

Previous Residences and Reason for Moving: _____

Medical Needs: _____

Speech/Hearing Needs: _____

Dental Needs: _____

Dietary Needs: _____

Physical/Occupational Therapy Needs: _____

Emotional Needs: _____

Personal Goals and Objectives: _____

Supports Needed: _____

Additional Information/Comments: _____

Is there supporting documentation for applicant history? _____

Is there supporting documentation available for review by MERT Enterprises, Inc.? _____

Which of the following hobbies and pastimes are you interested in? Which ones would you become involved with if you had the chance? Check off the box next to each hobby that interests you. If you have an interest that is not listed below write it in the space provided at the bottom of the page.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bands | <input type="checkbox"/> Exercise | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Fairs | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Fishing | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Board games | <input type="checkbox"/> Gardening | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Books | <input type="checkbox"/> Haircuts | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Catalogs | <input type="checkbox"/> Internet | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Knitting | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Checkers | <input type="checkbox"/> Library | <input type="checkbox"/> Visiting Others |
| <input type="checkbox"/> Church | <input type="checkbox"/> Magazines | <input type="checkbox"/> Visits from |
| <input type="checkbox"/> Circus | <input type="checkbox"/> Manicures | <input type="checkbox"/> Walking/Hiking |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Movies | <input type="checkbox"/> Watching plays |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Needlework | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Outdoor games | <input type="checkbox"/> Window |
| <input type="checkbox"/> Cribbage | <input type="checkbox"/> Painting | <input type="checkbox"/> Woodwork |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Picnics | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Daily Newspaper | <input type="checkbox"/> Playing Cards | <input type="checkbox"/> Writing Letters |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Yahtzee |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Radio | <input type="checkbox"/> Yard Sales |
| <input type="checkbox"/> Dressing up | <input type="checkbox"/> Reading | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Eating at Restaurants | <input type="checkbox"/> Rodeo | <input type="checkbox"/> _____ |

What is your saddest memory? _____

What makes you happy? _____

What makes you angry? _____

What do you do when you feel angry? _____

What do you like to spend time doing? _____

Please Circle Yes or No for each of the following questions

Can you ride the city bus independently? YES NO

Can you do laundry independently? YES NO

Can you cook independently? YES NO

What do you want in a house mate? _____

What don't you want in a house mate? _____

Why do you want to live in a supported living situation? _____

How much support do you think you would need? _____

What are some things you would expect support staff to help you with? _____

How can MERT Enterprises, Inc. help you improve the quality of your life? _____

What is the most important thing for us to know about you? _____

For MERT Enterprises, Inc. office use only:

Reviewed by _____ Reviewed on _____

Supporting Documentation Received _____

Interviews (Dates and Participants):

Applicant _____

Caseworker _____

Family/Significant Other(s) _____

Support Staff _____

Recommendations _____

Service Proposal and Staffing Pattern Submitted to DHHS _____

Staff assigned to Project _____

Date of Admission _____ Project Address _____

Reason(s) not admitted (*if applicable*) _____
