



community partners, inc

Applicants Name:		Birthdate:	
Address:			
Phone:	Sex:	Marital Status:	
Current Employment/Day Program and/or School:			
Current Type of Residence:		Guardianship Status:	
Guardian Name:		Relationship:	
Address:			
Phone: Home-	Cell-	Work-	
E-mail:			
Rep Payee:		(If someone other than Guardian– please provide following information)	
Address:			
Phone: Home-	Cell-	Work-	
Current Case Worker(s):			
DHHS:			
Community:			
VR:			
Financial Data:			
Social Security #:			
MaineCare #:			
MediCare #:			
Other Insurance:			
Allergies:			

Diagnosis:
Primary:
Secondary:

KEY: **E**– Needs encouragement/reminders **S**- needs supervision,
 P- needs partial physical assist **T**- needs total physical assist

Please have the person(s) who know the individual best in the following areas identify the support level required to complete each. Comments can be added on page 4	
Is there a need– Y/N. If Yes– what level of support is needed?	
Needs support to be oriented to time	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs support to be oriented to person	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs support to be oriented to place	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Easily maintains focus	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
At ease making safe/responsible decisions	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs support for behavioral concerns that inhibit ability to be fully included in the home or community Y/N	
If Yes– complete Behavior Addendum	*See page 4 for additional questions regarding Behavior
Needs support to enhance family ties	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs support to be included within community	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Has educational needs (e.g. GED, classes)	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Has traditional Day Program Needs	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Has Employment Needs	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Has religious and/or spiritual needs	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs help with legal affairs	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs help with budgeting money	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Attends social outings and participates in activities	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Needs assistance with transportation	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Communicates, interacts with peers & staff	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Expresses likes and dislikes	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Uses the telephone	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Reads/writes correspondence	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>

Needs Assistance with:	
Ambulating	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Bathing	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Dressing	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Eating	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Toileting	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Hygiene/Grooming	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Preparing meals	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
Housekeeping/Chores	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
*Medication Administrations	E <input type="radio"/> S <input type="radio"/> P <input type="radio"/> T <input type="radio"/>
*If No– complete Medication Addendum if they Self-medicate	

Major Dislikes/fears:
Unusual Preferences/likes:

Medical Health Needs– Is this an area of need?	
Cardiac	Dementia
Chewing/Swallowing	Psychological
Mammogram	Dental
Psychiatric	OT
Diabetes	PT
Hearing	Orthotics
Vision	Dietary
Communication	Wheelchair
Adaptive Equipment	

If Yes– please list Adaptive equipment used:
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Has emotional outbursts
Damages own or other's property
Disrupts other's activity
Is verbally or gesturally abusive
Is self-injurious (bites self, mouth, hands or cuts self, bangs head, eye poking)
Runs or wanders away
Steals
Pica, eats inedible objects
Displays sexually inappropriate behaviors
Aggressive or hurtful to others (hits, kicks, scratches, cuts, bites)
Does not follow rules about electricity, fire, water, tools, traffic, interacting with strangers, or hazardous hazardous physical situations like broken windows
Sexual misconduct of a criminal nature
History of criminal behavior (detail in comments)
Assaults with the intent to harm

Residential
How many people does this person currently live with?
How many people should they live with?
Does he/she get along with current housemates?
Does he/she prefer to live with male or female?
What level of staff will he/she need?
Does he/she smoke?

Does he/she require 24/7 supervision? If no, do they need periodic check-in, congregate support, remote monitoring?
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Uses Assistive Technology? If yes, please list and describe:
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Hospital admittance in last year, how many?

ER visits in last year, how many?

Additional Comments: