

# INREACH

**4014 Monroe Rd.  
Building #4, Suite 170  
Charlotte, NC 28205  
(704) 536-6661**



**Date of application** \_\_\_\_\_

**Time of application** \_\_\_\_\_ **(HUD Requirement)**

## **Residential Application**

*Note: all applicants must be 18 years of age or older and have an Intellectual/Developmental Disability.*

**Applicant is interested in (Check all that apply)**

**Group Home**

**AFL**

**Mother Teresa Villa (12-plex)**

**Independent Living Condo**

**Unit size needed for Villa or Condo:**

**1BR**

**2BR**

**How did you find out about InReach?**

\_\_\_\_\_  
\_\_\_\_\_

## **Part 1      Personal Information:**

**Name of applicant:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**(Please provide copy of SS Card)**

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **TTY:** \_\_\_\_\_

**Current address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

Current phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (attach birth cert.)

Sex:            M            F            Place of Birth \_\_\_\_\_

States where applicant has resided: \_\_\_\_\_

Race/Ethnicity:      White                      Black                      American Indian                      Alaska Native  
                         Asian                      Native Hawaiian or Other Pacific Islander  
                         Hispanic or Latino                      Other

Does Applicant live at home with parents:            Yes            No

If “Yes”, please provide:

Name of parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does applicant have a legal guardian (Court Appointed):            Yes            No

If yes, please provide guardian’s contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is applicant or any member of his/her household subject to a lifetime state sex offender registration program?            Yes            No

Has applicant ever been arrested for drug or criminal activity?            Yes            No

If yes, please provide details. (Date of arrest, reason for arrest, disposition of case)

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Please be advised that applicants will be required to sign a Consent for InReach to do a criminal background check.

Please provide name, address & telephone number of any previous landlords:

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Applicant is 62 years or older as of 1/31/10 and does not have a Social Security Number and was receiving HUD rental assistance at another location:                      Yes                      No

Applicant in US Military Veteran:                      Yes                      No

Applicant seeking housing as a result of Presidentially declared disaster:                      Yes                      No

## **Part 2      Vocational Information:**

A). Name of current Job/Day Placement Agency (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

B). If Employed please give:

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_

Does applicant have a job coach?                      Yes                      No                      If yes, please provide:

Job Coach's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

## **Part 3      Financial Information:**

Income Resources for Applicant and Household:

Applicant: Monthly Wages(job) \_\_\_\_\_

Monthly Social Security Benefits \_\_\_\_\_

Other Income \_\_\_\_\_

Does the applicant or any member who will be living with the applicant have assets which generate monthly income? If so, please complete the following:

Type of Asset	Location of Asset	Current Value of Asset	Rate of Interest

Applicant Medicaid Card # \_\_\_\_\_ Applicant Medicare Card # \_\_\_\_\_

Does applicant have a Medicare Prescription Drug Card? **Yes** **No**  
If yes, please provide a copy of the card.

#### **Part 4 Tailored Care Manager/Care Coordinator Information:**

Tailored Care Manager: **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

#### **Part 5 Medical Necessity:**

\*Please enclose any professional documentation with application that describes applicant's strengths and weaknesses.

Applicant's disability is (Check all that apply):

Borderline IQ  
Severe I/DD  
Autism  
Blindness

Mild I/DD  
Profound I/DD  
Traumatic Brain Injury  
Seizure Disorder

Moderate I/DD  
Cerebral Palsy  
Deafness  
Mental Illness

Other (Please indicate) \_\_\_\_\_

Please check if applicant exhibits any of the following behaviors (Check all that apply)

Nervousness  
Refusing to obey/follow  
Fighting  
Setting fires  
Wandering/Elopement  
Biting  
Screaming  
Stealing

Jealousy  
Fainting  
Scratching  
Pica (eats non-edible objects)  
Self-injurious behaviors  
Habitual or repetitive speech patterns  
Abusive Behavior  
Habitual Behaviors

Shyness  
Temper Tantrums  
Hitting

Other unusual or problematic behaviors (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a behavioral support plan?      Yes      No

Does the applicant require physical restraints?      Yes      No Please explain:

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If any of the above are checked, please complete the following:

Behavior problem	What seems to cause problem	How often does it occur	How is problem handled
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Part 6 Self-Help/Daily Living Skills:**

### **1. Mobility (Check all that apply)**

Applicant is ambulatory

Applicant requires assistance with ambulation (describe assistance) \_\_\_\_\_

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Applicant totally independent in getting from place to place (can arrange transportation or ride city bus) with directions

Applicant rides county or special transportation with assistance or knows only one route

Applicant needs much assistance in getting from place to place

### **2. Meal Preparation**

Uses stove & oven

Uses microwave

Cooks entire meals

Can prepare simple meals

Can prepare snacks

All meals must be prepared

### **3. Chore completion:**

Completes many chores independently

Completes chores with prompts      Completes chores with assistance

Needs supervision at all times while doing chores

Does no chores

### **4. Communication:**

Speaks clearly 7 or more word sentences

Speaks 3 or more word sentences with some words not understandable

Uses one-word expressions

Uses gestures and/or movements

**5. Social Interactions:**

Often & with ease  
 Initiates with staff & peers  
 Initiates with staff only  
 With prompts  
 Infrequently  
 Does not initiate social interaction  
 Avoids social interaction

**6. Grooming:**

<b><u>Bathing</u></b>	Independent Needs Assistance	Needs prompts Total Assistance
<b><u>Shampooing</u></b>	Independent Needs Prompts	Total assistance
<b><u>Shaving</u></b>	Independent Needs prompts Needs total assistance	
<b><u>Care of hair/Teeth</u></b>	Independent Total Assistance	Needs Prompts Not Applicable

**7. Dressing:**

Independently chooses appropriate clothing & dresses  
 Can dress self, but does not choose appropriate clothing  
 Can dress with prompts  
 Can dress with assistance  
 Needs total care in dressing, dependent on others

**8. Toileting:**

Self toileting	Toilets independently on a schedule
Needs assistance	Not toilet trained, uses diapers

**9. Menstruation:**

Independently cares for self	Not applicable
Needs reminders and assistance	Needs total assistance
Has no menses	

**10. Bedtime routine:**

Time retires- \_\_\_\_\_

Needs some prompting  
 Independent in routine  
 Needs assistance (please indicate what type of assistance)  
 Needs total assistance at bedtime

11. Please list applicant's favorite activities.

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12. Supervision required (Please check all that apply)

Needs 100% supervision at all times within the home

Needs 100% supervision at all times within the community

Can be left alone to perform tasks

Can go on short outings alone (30 minutes)

Can go on longer outings alone (1 hour or more)

## Part 7 Medical Information:

Current health needs (write "none" if not needed): \_\_\_\_\_

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Does applicant have seizures? Yes No

If yes, please describe them (i.e. - type, duration, frequency, intervention required, known triggers)

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### Medications

What medications does the applicant take?

Medication Name	Dosage	Purpose	How often
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

## Part 8 Other Information/Special Accommodations Needed:

Please use the space below to tell anything else about yourself such as special accommodations needed, (i.e. wheelchair accessible unit, urgent need for housing, etc.), or anything else that you would like the admission committee to know.

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## **Part 9      Signatures:**

By signing below I verify that the information above is true and accurate to the best of my knowledge. I also verify that this application may also be used as an application for HUD housing operated by InReach.

\_\_\_\_\_  
Signature of legally responsible person: \_\_\_\_\_ Date: \_\_\_\_\_

Please review the last page.

We will need to have the following items to complete your application. However, your name will be added to our waiting list when we receive this portion of the application.

- Psychological evaluation
- Person Centered Plan/Individual Service Plan
- A completed and signed authorization for InReach to do a background check

Prior to admission into a residential program, NC State law requires each person to have a physical and dental exam done within 30 days prior to admission. InReach will supply the correct forms to be used.

### **Completed Applications should be submitted to:**

**InReach  
4014 Monroe Rd., Building #4 Suite 170  
Charlotte, NC 28205  
Attn: Residential Applications  
or email to [Lgougeon@inreachnc.org](mailto:Lgougeon@inreachnc.org)**

**InReach does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.**

**Section 504 Coordinator:   Lori Gougeon  
4014 Monroe Rd.  
Building #4, Suite 170  
Charlotte, NC 28205  
(704)536-6661**