Life Enrichment Options
www.lifeenrichmentoptions.org
Providing a quality life for individuals with developmental disabilities

Adult Family Home Resident Housing Application

APPLICANT INFORMATION					
Last		MI	First	Email	
Street Address	City	ST	Zip	Home Phone	
DOB					

CONTACT INFORMATION					
Last		MI	First	Email	
Relationship to Applicant					
Street Address	City	ST	Zip	Home Phone	Mobile Phone

EMERGENCY CONTACT INFORMATION					
Last		MI	First	Email	
Relationship to Applicant					
Street Address	City	ST	Zip	Home Phone	Mobile Phone

APPLICANT MEDICAL HISTORY

Please use a number to describe your following interference level
1=None 2= Mild 3=Moderate 4= Constant

Mobility		Confusion		Ability to Self Correct	
Strength		Anxiety		Frustration Tolerance	
Speech Intelligibility		Distractibility		Impulsivity	
Hostility		Problem solving		Following Directions	

EMPLOYMENT/DAY PROGRAM HISTORY

Employer		
Address		
City, ST, ZIP		
Telephone		
Name of Immediate Supervisor		
Position/Job Title		
Length of Employment/day program	FROM	TO

Do you receive SSI/SSA/SSDI? YES NO

Do you receive Medicaid Personal Care Funding? YES NO

Are you a client of the Division of Developmental Disabilities? YES NO

HOBBIES,INTERESTS,SPORTS,ETC

GENERAL INFORMATION

Does your child currently live in the family home? YES NO

Has your child ever lived away from you? YES NO

Why do want your child to be considered to live an Adult Family Home?

REFERENCES

Please list three reference names, addresses and phone numbers

Name	Address	phone
Name	Address	phone
Name	Address	phone

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct.	Signature	Date