



Date of Application _____

Date Received at BVT _____

**BRECKENRIDGE VILLAGE OF TYLER
ADMISSION APPLICATION**

Requested Placement: (Check Appropriate Box) Day Program Residential

APPLICANT'S NAME _____
(Last) (First) (Middle)

Address _____
(Street address) (City) (State) (Zip)

Date of Birth _____ Place of Birth _____ Sex _____ Height _____ Weight _____

Marital Status _____ Usual Occupation _____

Social Security Number _____

FATHER'S NAME _____ Home Ph. #() _____

Home address _____
(Street address) (City) (State) (Zip)

Occupation _____ Bus. Ph. #() _____

MOTHER' NAME _____ Home Ph. #() _____

Home address _____
(Street address) (City) (State) (Zip)

Occupation _____ Bus. Ph. #() _____

Email Address: _____

LEGAL GUARDIAN (If other than parent) _____

Relationship _____

Home Address _____

Home Phone # _____ Business Phone # _____

GENERAL SOCIAL INFORMATION

Has the applicant had any of the following? If yes, give name of the person or agency. Include copies of reports from this person/agency.

	Yes	No	Dates	Person/Agency
Psychological evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychological counseling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychiatric evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speech/language assessment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medical evaluation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please answer the following questions. Attach additional pages as needed.

1. Describe applicant's general health, including specific medical problems and/or disabilities.

2. Describe applicant's social/emotional state **most** of the time. (For example: withdrawn, hyper-verbal, frustrated, sociable, even-tempered, etc.)

3. Does he/she prefer to be with peers, family, someone older or be alone? Explain:

4. Please check which of the following applies to the applicant:

- | | |
|---|--|
| <input type="checkbox"/> likes people | <input type="checkbox"/> gets angry easily |
| <input type="checkbox"/> gets along well with friends | <input type="checkbox"/> courteous to others |
| <input type="checkbox"/> follows directions willingly | <input type="checkbox"/> tends to be shy initially |
| <input type="checkbox"/> shows concerns for others | <input type="checkbox"/> can introduce self |
| <input type="checkbox"/> tends to be a loner | <input type="checkbox"/> forms close relationships |
| <input type="checkbox"/> respects rights & property of others | <input type="checkbox"/> is generally happy |

5. Describe how the applicant reacts when he/she gets angry. (For example: pouts, tantrums, throws things, hits self or others, yells/screams, etc.)

6. Does the applicant require constant at-home supervision? Yes No
Can the applicant be left at home to function independently? Yes No
If yes, for what period of time? _____

7. Has the applicant ever been involved with the following?

- | | | |
|-------------------|------------------------------|-----------------------------|
| Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Criminal activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

8. Which of the following apply to the applicant's speech/language and communication skills?

- | | |
|---|---|
| <input type="checkbox"/> speaks spontaneously | <input type="checkbox"/> understands short, direct commands |
| <input type="checkbox"/> communicates basic needs | <input type="checkbox"/> communicates by writing |
| <input type="checkbox"/> uses complete sentences | <input type="checkbox"/> comprehends written statements |
| <input type="checkbox"/> uses sign language | <input type="checkbox"/> uses gestures effectively |
| <input type="checkbox"/> has small vocabulary | <input type="checkbox"/> uses sentences effectively |
| <input type="checkbox"/> understands lengthy dialogue | <input type="checkbox"/> uses idiosyncratic gestures |
| <input type="checkbox"/> makes little or no effort to communicate verbally or with gestures | |

9. Describe the applicant's speech and language effectiveness:

INTELLECTUAL & DEVELOPMENTAL DISABILITIES SERVICES

Check all services and supports that the applicant is receiving currently related to IDD services. Attach additional documentation if applicable. (Ex: Person Directed Plan (PDP), Inventory for Client Assessment and Planning (ICAP), etc.)

Local IDD Authority or Private Provider Services & Supports:

- General Revenue
- STAR + Waiver
- Intermediate Care Facilities for IDD
- Texas Home Living
- CLASS
- Home and Community Based Services (HCS)

Unsure if the applicant receives these program services, please check any of the below that apply:

- Service Coordinator/Case Manager comes to see them
- Receives Personal Attendant Services or Respite
- Attends a Day Habilitation Program that someone else pays for
- Receives Foster Care/Host Home Services
- Resides in a group home (3/4 bed= HCS; 6 + = ICF)

If currently receiving IDD services and supports please list the contact information for your Local IDD Authority or Private Provider:

Contact Name: _____ Phone #: _____

Address: _____

Email Address: _____ Fax #: _____

Has the applicant received Behavior Management Services from the Local IDD Authority or a Private Provider? If so, please explain:

SCHOOLS OR PROGRAMS ATTENDED

Check all situations in which the applicant participated and complete the following information on each situation. Attach additional pages if needed.

- Public education: Graduate _____ Age _____
- Day school Competitive employment
- Sheltered workshop State school
- Group/family care home Private school
- Behavior Health Facility Other _____

Name of facility _____ Dates attended _____

Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

Person to contact for more information _____

Name of facility _____ Dates attended _____

Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

Person to contact for more information _____

Name of facility _____ Dates attended _____

Address _____ Phone # _____

Type of situation (refer to above list) _____

Reason for leaving _____

Person to contact for more information _____