

**CEDAR LAKE**  
**APPLICATION FOR ENROLLMENT - Community**  
**Supports**

Supports being requested:

- Community Living Supports
- Supported Employment
- Homemaker
- Community Access
- Personal Assistance

**Applicant Information:**

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

Current Living Arrangements: \_\_\_\_\_

Name of person Completing Form: \_\_\_\_\_

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

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date Diagnosed with Intellectual Disability: \_\_\_\_\_

**Does applicant have a payee?** YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Does applicant have a legal guardian?** Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_ Full \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Court Hearing: \_\_\_\_\_ County: \_\_\_\_\_

**\*\*\*GUARDIAN MUST SIGN THE APPLICATION. PLEASE ENCLOSE COPY OF COURT  
ORDER\*\*\***

*Has Applicant had any involvement with law enforcement? If so, please explain \_\_\_\_\_*

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

**Family Information:**

Father: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Mother: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**Educational/Vocational Training Background:**

School Attended: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_ Type of Class: \_\_\_\_\_

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

**Employment History:**

Does applicant have a job coach? \_\_\_\_\_ What agency? \_\_\_\_\_

Job Coach name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ How Long? \_\_\_\_\_ Type of work: \_\_\_\_\_

Hours per day \_\_\_\_\_ Hours per week \_\_\_\_\_

Previous Job(s) Held: Employer: \_\_\_\_\_ Job: \_\_\_\_\_ How long? \_\_\_\_\_

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

(If more space is needed please add additional pages.)

List any other community involvement (i.e. club membership/volunteer experiences)

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

**Communication Modality:**

Verbal \_\_\_ Non-Verbal \_\_\_

Please give brief details about applicant's communication and comprehension skills.

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

**Health:**

Are there any physical/health issues that could affect supports? (example: seizures, diabetes, hearing loss, blindness, etc.)

---

---

Does the applicant use any adaptive devices? (example: wheelchair, walker, communication devices, hearing aid, etc)

---

---

Does the applicant exhibit any of the following: *(please "X" all that apply):*

- |  |  |
|--|--|
| ♣ Violent/Destructive Behavior             | ♣ Stereotyped behavior (pacing, rocking) |
| ♣ Antisocial Behavior (teasing, bossing)   | ♣ Self-abusive (slap, hit, pinch, bite)  |
| ♣ Rebellious (resists, rules/instructions) | ♣ Hyperactivity                          |
| ♣ Untrustworthy (lies, cheats, steals)     | ♣ Inappropriate Sexual behavior          |
| ♣ Withdrawn (shy, keeps to self)           | ♣ Emotional instability (mood swings)    |

**Resources:**

Does the applicant receive:

- ♣ Supports for Community Living Waiver (SCL)
- ♣ Michelle P Waiver (MPW)
- ♣ Home and Community Based Waiver (HCB)

If so, Medicaid Number: \_\_\_\_\_

Current supports: \_\_\_\_\_

- ♣ Hart Grant
- ♣ None, will be private pay

Case Manager information, if applicable:

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

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

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

Phone Number: \_\_\_\_\_

Is applicant receiving any other community services?

- ♣ Yes
- ♣ No

If yes: Agency \_\_\_\_\_

Services being provided: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_