

**Arkansas Enterprises for the Developmentally Disabled, Inc.  
#6 Production Drive  
Little Rock, AR 72209**

**Application for Admission**  
(This information is kept confidential)

Full Name of Individual: Address:		Application Date:
Telephone:	Sex:	Medicaid #:
DOB:	SS#:	Medicare #:
Are parents still living?: (If YES, please answer the following questions)		
Mother Name:		Occupation:
Work Address & Phone #:		
Father Name:		Occupation:
Work Address & Phone #:		
Do you live with your parents?: (If NO, Please answer the following questions)		
With whom do you live?:		Relationship:
Occupation & Work Address:		Work Phone Number:
Have you attended any other schools or day programs?: (If YES, please list places & dates attended)		
<i>Program</i>		<i>Dates Attended</i>
Date of Last Physical:		
Do You Take Medications?: (If YES, please list medications, dosages & times)		
<i>Medication</i>	<i>Dosage</i>	<i>Times</i>

Physician Name:	
Address:	Telephone:
Have you ever had a psychological test?	
If YES to above, please list date:	
Do you receive SSI?	Amount:
Do you receive SSA?	Amount:
Any other source of income:	Amount:
Do you have any medical/physical limitations?	
If YES, please describe:	
Do you have a DDS counselor?	Name:
Do you have a Rehab counselor?	Name:
Criminal History? Yes      NO	
If YES, please describe:	
General comments about behavior, interests, personality, etc...:	
If you are admitted to our Adult Work Activity Center, what are some goals you would like to achieve?:	
1.	
2.	
3.	
Name of person completing this application, if other than the applicant:	
Relationship to Applicant or Title:	
Referral Source:	

\_\_\_\_\_  
Applicant or Guardian Signature

\_\_\_\_\_  
Date

**For Office Use Only—**

[Redacted]		

## **Required Information**

### **Checklist:**



**A copy of Psychological Report**

**A copy of social security card**

**A copy of Medicaid card**

**A copy of picture ID**

**If 21 years old or under, I will need a copy of his/her high school diploma**

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## Social History Form

### I. Identifying Information

Individual Name:		Sex:	
Medicaid #:		Social Security #:	
Race:	DOB:	Birthplace:	
Admission Date:	Guardian Name:		
Parents: Mother-		Father-	
Contact Person:	Phone		

### II. Reason for Services

How do services benefit individual?
Prior institutional/educational/training?
Comments...

### III. Family History

Mother: Name-	Address:
Father: Name-	Address:
Siblings: Name(s)-	Address-
Other: Name-	Address-

### IV. Residential Environment

Describe residential environment, rural, urban, rental, multifamily, etc?
School attendance:

Relationships to siblings:	
Special relationships:	
Negative relationships :	
Mother: Education-	Occupation-
Father: Education-	Occupation-
Home visits:	
Restrictions regarding visitors:	
Marital Status:	Spouse Name:
Long-term relationships:	

### V. Medical History

General condition of present health:
Ambulation:
Adaptive equipment:
Visual status:
Receiving medication:
Diagnosis:
Diet Specifications/Restrictions:
Medical Information Regarding Family Members:
Individual Sexually Active?
Individual understanding diagnosis/treatment?
Attitude toward disability:

**VI. Self-Help & Social Skills**

What can the individual do for self:
Dressing:
Toileting:
Bathing:
Bowel/Bladder Control:
Menstrual Cycle:
Feeding:
Bathing:
How much assistance is required?
What does individual need help with?
Cleaning skills:
Cooking skills:
Community Activities:
Leisure Time:
Recreational:
Social:
Religious:
Field Trips:
Knowledge of Community Resources:
Relates to Others:
Understands Roles of Staff:
Shopping Skills:
Value of Money:

Statement Regarding Behavior:
Personality:
Favorite Activities:

### VII. Communication Skills

Overall Speech Ability:
Articulation:
Attention Span: I
Eye Contact:
Use of Alternative Methods of Communication:

### VIII. Education & Vocational History

Identifies body parts:
Identifies common objects:
Reads:
Counts:
Uses Coins:
Time:
Sequencing Skills:
Training Emphasis:
Work History:

### IX. Criminal History

Criminal Record:
If yes: Describe Offense(s):
Probation or Parole Issues:

**IX. Criminal History**  
**Continued**


**X. Life Experiences & Significant Life Events**

Previous Living Arrangements:
Occupation:
Accomplishments:
Behavioral Changes Due to Events:

**XI. Developmental History & Milestones**

History & milestones should be stated in positive terms:

\_\_\_\_\_  
Individual/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date