

**IDENTIFYING INFORMATION**

**Applicant's Full Name:** \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

**Current Address:** \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

**Permanent Address:** \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

**Telephone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:**  Female  Male

**Birthplace:** \_\_\_\_\_  
(Name) (County) (State) (Zip)

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Identifying Marks:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Current Marital Status:** \_\_\_\_\_ **Education:** \_\_\_\_\_  
(last grade completed)

Deceased **Date of Death:** \_\_\_\_\_ **Cause of Death:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Current Marital Status:** \_\_\_\_\_ **Education:** \_\_\_\_\_  
(last grade completed)

Deceased **Date of Death:** \_\_\_\_\_ **Cause of Death:** \_\_\_\_\_

**GUARDIANSHIP / CONSERVATORSHIP**

Applicant's status as a protected person:

- I am a minor  I am an independent adult  
 I have a legally appointed guardian  I have a conservator

**Guardian/Conservator Name (if other than parent):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date Guardianship Established:** \_\_\_\_\_ **Type:**  Full  Limited

**\*Please attach a copy of guardianship / conservatorship papers**





**DIETARY INFORMATION**

**Check all that apply:**

- Applicant has special dietary needs (please describe): \_\_\_\_\_
- Applicant needs 1:1 assistance during meals
- Applicant needs help setting up and preparing for meals
- Applicant needs monitoring or verbal prompting throughout meals
- Applicant has a swallowing disorder (please describe): \_\_\_\_\_
- Applicant requires a dysphasia diet
  - Chopped     Ground     Pureed
- Applicant requires adaptive eating utensils (please describe): \_\_\_\_\_
- Applicant requires tube feeding (please indicate type): \_\_\_\_\_
- Other Diet Concerns (please describe): \_\_\_\_\_

**DEVELOPMENTAL / COMMUNICATION HISTORY**

At what age did applicant:

- |                      |            |                            |
|----------------------|------------|----------------------------|
| _____ Sit up by self | _____ Walk | _____ Crawl                |
| _____ Stand by self  | _____ Talk | _____ Independently Toilet |

Primary means of expression:

- Speaks       Sign Language       Gestures       Communication Device / Book
- Other (please specify): \_\_\_\_\_

What language does applicant speak and/or understand? \_\_\_\_\_

**Please check the items that apply, and describe the applicant, as objectively as possible. This information is needed to plan for the applicant's best interests while being served by South Dakota Achieve.**

- Friendly, seeks out others for social contact
- Gets along with others, but does not seek them out
- Quiet, not very active, withdrawn
- Unusual or repetitive (such as rocking, finger twirling, etc.)
  - Please describe: \_\_\_\_\_
  - What appears to cause this? \_\_\_\_\_
- Intentionally hurts self
  - Please describe: \_\_\_\_\_
  - What appears to cause this? \_\_\_\_\_
  - How often/how long does this occur? \_\_\_\_\_
  - Is this potentially dangerous to self? \_\_\_\_\_
  - If yes, explain: \_\_\_\_\_
- Physically aggressive towards others
  - Please describe: \_\_\_\_\_
  - What appears to cause this? \_\_\_\_\_
  - How often/how long does this occur? \_\_\_\_\_
  - Is this potentially dangerous to others? \_\_\_\_\_
  - If yes, explain: \_\_\_\_\_

- Disruptive (such as frequent tantrums, screaming, other emotional outbursts)  
Please describe: \_\_\_\_\_  
What appears to cause this? \_\_\_\_\_  
How often/how do these incidents last? \_\_\_\_\_
- Potentially dangerous to others or self  
Please describe: \_\_\_\_\_  
What appears to cause this? \_\_\_\_\_  
How often / long does this occur? \_\_\_\_\_
- Takes others possessions  
Please describe: \_\_\_\_\_  
What appears to cause this? \_\_\_\_\_  
How often does this occur? \_\_\_\_\_
- Any other concerns such as verbal or physical threats, difficulty relating to peers/authority, etc.  
Please describe: \_\_\_\_\_  
What appears to cause this? \_\_\_\_\_  
How often does this occur? \_\_\_\_\_

**EDUCATION / SERVICE / EMPLOYMENT HISTORY**

Applicant is currently in school      Name of School: \_\_\_\_\_  
Last Grade Attended: \_\_\_\_\_      Years: \_\_\_\_\_

Applicant has a signed diploma

Applicant has a GED

Applicant has received treatment, evaluations or training with the following:

- Other Training Centers
- Public and/or Private Hospitals
- Mental Health Centers
- Vocational Rehabilitation
- Clinics / Other facilities

Current Facility Name: \_\_\_\_\_      Years: \_\_\_\_\_  
(Street)                      (City)                      (State)                      (Zip)                      (Phone)

Prior Facility Name: \_\_\_\_\_      Years: \_\_\_\_\_  
(Street)                      (City)                      (State)                      (Zip)                      (Phone)

Prior Facility Name: \_\_\_\_\_      Years: \_\_\_\_\_  
(Street)                      (City)                      (State)                      (Zip)                      (Phone)

- Applicant currently works
- Applicant is happy with current job

Current Employer: \_\_\_\_\_      Type of Work: \_\_\_\_\_  
 Address: \_\_\_\_\_      Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_      Dates: \_\_\_\_\_

Past Employer: \_\_\_\_\_      Type of Work: \_\_\_\_\_  
 Address: \_\_\_\_\_      Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_      Dates: \_\_\_\_\_

Past Employer: \_\_\_\_\_      Type of Work: \_\_\_\_\_  
 Address: \_\_\_\_\_      Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_      Dates: \_\_\_\_\_

Were any of the work experiences provided through the Division of Rehabilitation Services?  Yes  No  
 If yes, who was the VR Counselor? \_\_\_\_\_

Applicant does not currently work  Applicant would like a job  Applicant has work restrictions

Work Restrictions: \_\_\_\_\_  
 (examples: lifting, standing, bending, dust, humidity, heat, noise, etc.)

Type of job applicant would like: \_\_\_\_\_  
 What does applicant need to learn to do this type of work? \_\_\_\_\_

### SOCIAL / FAMILY INFORMATION

Brothers / Sisters

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Applicant's Marital Status:  Single  Married  Divorced  Separated  Widowed

Spouse's Name: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Spouse is Deceased Date of Death: \_\_\_\_\_

Children:  Yes  No Number of Children: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Applicant has a driver's license

State of Issue: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Registration Number: \_\_\_\_\_

What kinds of things does applicant like to do for fun? \_\_\_\_\_

What are applicant's hobbies/interests? \_\_\_\_\_

In what groups or organizations does the applicant participate? \_\_\_\_\_

(ex: church, scouts, 4H, clubs, Special Olympics, etc.) \_\_\_\_\_

Any changes in applicant due to recent events such as death, birth, marriage, divorce, accident or trauma? \_\_\_\_\_

If natural parents are divorced or separated, are there any restrictions or special feelings on home visits or relationships due to this situation? \_\_\_\_\_

Please describe frequency and circumstances of applicant's contacts with the family in the past year (such as letters, visits, phone calls): \_\_\_\_\_

What have the applicant's prior living arrangements been (last 5 years)? \_\_\_\_\_  
 (agency, foster home, family, relatives, independently, etc.) \_\_\_\_\_

Please describe what day-to-day responsibilities the applicant has in his/her present living situation (cleaning, cooking, other domestic chores, etc.): \_\_\_\_\_

- Applicant can expect to receive visits from family, relatives and friends at ACHIEVE  
 Applicant will make visits home  
     How often? \_\_\_\_\_ How long should visits be? \_\_\_\_\_

Specify any special arrangements that may need to be made: \_\_\_\_\_

- Applicant has applied for a Sioux Falls Housing voucher      Date Applied: \_\_\_\_\_  
 Applicant currently has a Sioux Falls Housing voucher      Date Received: \_\_\_\_\_

### RISK ASSESSMENT

Consider any risk factors that are relevant to you in completing this assessment. Risk factors to consider include, but are not limited to the following:

Do you know what to do in emergency situations such as fire, severe weather and when approached by strangers?

- Yes      If yes, identify any concerns that are present: \_\_\_\_\_  
 No      If no, what supports are in place to address this: \_\_\_\_\_

Can you handle household safety situations that may arise when left unsupervised (i.e. toilet flooding, regulating water temperature, operating a kitchen stove/oven, electrical safety, etc.)?

- Yes      If yes, identify any concerns that are present: \_\_\_\_\_  
 No      If no, what supports are in place to address this: \_\_\_\_\_

Do you possess consumer safety skills (protecting finances, know how to handle salesmen/solicitors, etc.)?

- Yes      If yes, identify any concerns that are present: \_\_\_\_\_  
 No      If no, what supports are in place to address this: \_\_\_\_\_

Do you have any medical conditions that would make it unsafe for you to be without supervision? Can adaptations be made?

- Yes      If yes, please list and provide supports to ensure your health/safety: \_\_\_\_\_  
 No      \_\_\_\_\_

Can you identify and effectively deal with your own health concerns?

- Yes      If no, please list and provide supports to ensure your health/safety: \_\_\_\_\_  
 No      \_\_\_\_\_

Are there actions of others that you live, work or spend time with that causes a safety concern?

- Yes      If yes, please list and provide supports to ensure your safety: \_\_\_\_\_  
 No      \_\_\_\_\_

Are you vulnerable to others, placing yourself at risk of others? (Can you defend yourself, will you say no to others in self-advocacy, will you seek help if needed?)

- Yes      If yes, please list and provide supports to ensure your safety: \_\_\_\_\_  
 No      \_\_\_\_\_





**Documentation to enclose with this application:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Current IEP / Past Provider Records | <input type="checkbox"/> Diagnosis Documentation        | <input type="checkbox"/> Guardianship Document          |
| <input type="checkbox"/> Copy of certified birth certificate | <input type="checkbox"/> Copy of Social Security Card   | <input type="checkbox"/> Copy of state-issued photo ID  |
| <input type="checkbox"/> Copy of Medicaid / Medicare Cards   | <input type="checkbox"/> Current ICAP and Summary Pages | <input type="checkbox"/> Adult Psychological Evaluation |

**Referral Source:**

\_\_\_\_\_ (Name) \_\_\_\_\_ (Agency)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Phone)

**EMERGENCY CONTACT (if parent or guardian cannot be reached):**

\_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship to Applicant)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

\_\_\_\_\_ (Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_ (Cell Phone)

\_\_\_\_\_ (Employer / Occupation)

**OTHERS WHO ASSISTED WITH COMPLETION OF THIS APPLICATION:**

<b>Name:</b>	<b>Relationship to Applicant:</b>
_____	_____
_____	_____

**APPLICANT SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Date Application Received: \_\_\_\_\_

Admissions Director Signature: \_\_\_\_\_