APPLICATION CHECKLIST

Thank you for your interest in DDA-funded support services provided by The Arc Montgomery County. To begin the admissions process, please submit the following information to the corresponding supervisor listed below.

- Application for DDA-Funded Support Services (following pages)
- Copy of most recent IP/PCP, whichever is applicable
- Copy of most recent Psychological Evaluation
- Pertinent Medical History
- Copy of Behavior Plan, if applicable

Once we have reviewed your information, we will call you to schedule an interview, or if we are not able to meet your needs, we will refer you to another provider.

Thank you and we look forward to hearing from you soon!

Employment & Meaningful Day Services
Kelli Hunter-Bennett, KelliH@arcmontmd.org
Includes: Career Exploration, Employment Discovery and Customization, Employment Services, Supported Employment, Community Development, Day Habilitation (volunteering and leisure/recreational activities)

Inclusive Living Services
Kari Borgealt, KariB@arcmontmd.org
Includes Personal Supports (in-home skill building, community inclusion) and Community Living (full residential support)
APPLICATION FOR DDA-FUNDED SUPPORT SERVICES

Please indicate area(s) of Interest below. The Arc Montgomery County is a DDA-approved provider for all of these support services.

Employment & Meaningful Day Services

- Career Exploration
- Employment Discovery and Customization
- Employment Services
- Supported Employment
- Community Development
- Day Habilitation (to include volunteering and leisure/recreational activities)

Kelli Hunter-Bennett, KelliH@arcmontmd.org

Inclusive Living Services

- Personal Supports (in-home skill building, community inclusion)
- Community Living (full residential support)

Kari Borgealt, KariB@arcmontmd.org

Applicant Information

Name: ________________________________________________________________

First                                                                Middle                                                                         Last

Street Address: _______________________________________________________

City: ___________________________________ State: ____________ Zip: ____________

Email: _____________________________________________________________

Phone: ______________________________

Date of Birth: _____ / _____ / _______ (MM/DD/YYYY) Social Security Number: _______________________

Gender Identification: _____________________________________________

(=male, female, gender neutral, etc.) Preferred Pronouns: ________________________

(he/him/his, she/her/hers, they/them/their, etc.)

Race:    □ White        □ Black/African American        □ American Indian/Alaska Native

□ Asian        □ Native Hawaiian or Pacific Islander        □ Other __________________________

Ethnicity: □ Non–Hispanic or Latino □ Hispanic or Latino

Primary Language Spoken in Home: _____________________________________________

Language(s) Understood by Applicant: ___________________________________________

How Applicant Communicates (verbally, sign language, gestures, assistive device, etc.): __________________________

Applicant benefits received: □ Medicaid □ Medicare □ Social Security

Does Applicant have a court-appointed legal guardian? □ Yes □ No    If yes, provide guardian’s full name: __________________________
Applicant Medical Information

Primary Disability: ________________________________________________________________

Cause of Disability: ________________________________________________________________________________

When Diagnosed: ________________________ By Whom: _______________________________________________

Primary Physician: ___________________________ Phone: __________________________________________

Medical Assistance Number: __________________________ Medicare Number: __________________________

Private Insurance Company: ________________________________________________________________

Private Insurance Identification Number: __________________________

Circle all that apply and provide explanations as necessary.

- Allergies
- Dietary Needs/Restrictions
- Diabetes
- Seizures
- Work Restrictions
- Physical Disability
- Hearing Impairment
- Vision Impairment
- Speech Impairment
- Psychiatric Diagnosis
- Sun Sensitivity
- Adaptive Equipment
- Choking/Aspiration
- Other (please specify)

Explanations (use additional paper if needed):

Provide the following information about all medications taken by Applicant.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dose/Time</th>
<th>Reason Taken</th>
<th>Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Self □ Others</td>
</tr>
</tbody>
</table>

©The Arc Montgomery County, Application for DDA-Funded Support Services, 8/2021
Applicant Behavior Information

Behaviors of Concern

A behavior of concern is one that affects quality of life, inflicts harm on others or oneself, or affects participation in our program. Certain behaviors may not be dangerous or life threatening, but are ones about which we should be aware (i.e. fear of animals, loud noises, etc.). In order to provide the best possible services, it is important for us to know as much about you as possible.

Does Applicant have a Behavior Support Plan?  □ Yes  □ No

Describe Behaviors of Concern:

Supervision Requirements

Please circle which description best reflects Applicant’s needs.

<table>
<thead>
<tr>
<th>Description</th>
<th>I need ongoing supervision and cannot be left without line of sight supervision.</th>
<th>I need supervision when involved in a structured setting.</th>
<th>I need occasional supervision in a structured setting.</th>
<th>I need little supervision if expectations and boundaries are defined.</th>
<th>I do not need supervision.</th>
</tr>
</thead>
</table>

Is Applicant able to safely spend time at home, alone and unsupervised?  □ Yes  □ No

If yes, for how long?  ____________________________________________________________

Travel and Transportation

Please circle which description best reflects Applicant’s travel method.

<table>
<thead>
<tr>
<th>Description</th>
<th>I do not independently access transportation and need support while on board a vehicle.</th>
<th>I need door-to-door transportation.</th>
<th>I use Metro Access.</th>
<th>I use public transportation (with or without travel training).</th>
</tr>
</thead>
</table>
**Applicant Program Information**

Describe other programs or activities in which Applicant participates now or has previously participated (include school, day programs, residential programs, and previous employment).

<table>
<thead>
<tr>
<th>Program/Activity/Employment</th>
<th>Contact Person</th>
<th>Contact Phone</th>
<th>Dates Attended</th>
<th>Why Left?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Financial Information**

Please provide the following information about all financial support Applicant receives.

<table>
<thead>
<tr>
<th></th>
<th>Received?</th>
<th>If yes, please provide monthly amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI (Social Security Income)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>SSDI (Social Security Disability Income)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

*Which DDA Waiver(s) is Applicant approved for and/or accessing at this time? Circle all that apply.*

<table>
<thead>
<tr>
<th></th>
<th>Family Supports</th>
<th>Community Supports</th>
<th>Community Pathways</th>
</tr>
</thead>
</table>

*For people seeking employment services: Are you eligible to work in the United States? □ Yes □ No*

*For people seeking Personal Supports, list and describe all pets in the home:*
For people seeking Personal Supports, list other people residing in the same household as Applicant.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Contact Information (about parents/guardians/siblings currently supporting Applicant)

Primary Contact

Name: ______________________________________________________________________

First: ___________________________ Last: ___________________________

Relationship: ______________________________________________________________________

Street Address: ______________________________________________________________________

City: ___________________________ State: ___________ Zip: ___________

Email: _____________________________________________________________________________ Phone: _____________________________________________________________________________

Secondary Contact

Name: ______________________________________________________________________

First: ___________________________ Last: ___________________________

Relationship: ______________________________________________________________________

Street Address: ______________________________________________________________________

City: ___________________________ State: ___________ Zip: ___________

Email: _____________________________________________________________________________ Phone: _____________________________________________________________________________

Did Applicant receive assistance completing this application? ☐ Yes ☐ No

If yes, who assisted Applicant? ______________________________________________________________________

The information provided is true and complete to the best of my ability.

________________________________________________________  ________________________________
Signature of Applicant       Date

________________________________________________________  ________________________________
Signature of Court-Appointed Legal Guardian (if applicable)  Date

________________________________________________________  ________________________________
Signature of Person Assisting with Application (if applicable)  Date