

Branching Out, LLC Application Packet

To complete the application process, please include:

- _____ Branching Out 5 page application (included) and application fee
- _____ Copy of Applicant's Birth Certificate
- _____ Copy of Applicant's Social Security Card
- _____ Copy of Applicant's Health Insurance Card
- _____ Copy of most recent physical
- _____ Educational and psychological tests are welcomed, however, not required.

Applicant Educational Information:

Please list all schools the applicant has attended from 9th through 12th grade. Also include colleges or other relevant educational programs.

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

Applicant's Work History:

Name of Organization, Address and Phone Number	Job Title	Dates (from-to)	Reason for Termination	Paid or Volunteer

Other Applicant Information:

Please list all counselors and therapist who have seen applicant

Name _____ Nature of Service _____

Address _____ Age Seen _____

Name _____ Nature of Service _____

Address _____ Age Seen _____

Medical and Additional Information:

Name of Current Physician: _____ Date of Last Physical _____

Address and Phone Number: _____

Do you have any active medical diagnosis conditions? _____

Has applicant ever lived away from home? _____ If yes, when and where? _____

Any adjustment difficulties: _____

Any medical condition that would prohibit you from living in your own apartment? _____

Any allergies? _____

Does this applicant have any history of mental illness? _____

Does this applicant have any unusual or special dietary/nutritional needs which would require other than a normal diet? Please explain _____

Current Medications: _____ Does applicant self-administer? _____

List specific LD diagnoses? _____

Current IQ and date last tested? _____

Please indicate any problems in the following areas:

Motor Development and functioning: _____

Sensorimotor Functioning: _____

Speech, hearing or language functioning: _____

Visual Functioning: _____ Does applicant wear glasses/contact: _____

Oral Health/Hygiene _____ Date of most recent dental appointment: _____

Roommate Request

Is the applicant interested in living alone or with a roommate? _____

If requesting to live with roommate, do you have someone already lined-up? _____

If yes, name and phone number of potential roommate: _____

Will potential roommate also be requesting services from Branching Out? _____

Are you interested in having Branching Out connect you with potential roommate? _____

Applicant Characteristics

Please rate the applicant on the following characteristics on a scale of 1 to 5 (1 being the lowest)

General:

Initiative _____ Motivation _____
Reliability _____ General Attitude _____

Interpersonal (Ability to Relate to):

Peers with LD _____ Peers without LD _____
Teachers/Work Supervisors _____ Children _____

Decision Making (Ability to):

Make every day decisions using good judgment _____
Act in emergency using good judgment: _____
Use people as a resources, ask for help when necessary _____

Emotional Adaptability (Ability to):

Cope with stress: _____
Adjust well to new situations: _____
Separate own problems from problems of others (avoid taking everything personally): _____

Time Management Organization (Ability to):

Attend to daily schedule (arrives on time etc): _____
Plan and carry out activities: _____
Prioritize: _____
Keep track of belongings: _____

Statement of Authenticity

Name of person completing application: _____

Address: _____

Phone Number: _____ Relationship to applicant: _____

I certify that all the information in this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Preparer

Date