



MTC Use Only

Date Rec'd: _____

Rec'd by: _____

Tour Date: _____

Admission Date: _____

APPLICATION FOR ENROLLMENT

INSTRUCTIONS: Please answer every question. There should be no blanks when the form is returned to MTC. If it does not apply, please mark N/A. In addition, the form must be legible.

Form may be completed online at www.macdonaldcenter.org and may be returned in person, by mail or by email to: MTCAmissionsTeam@MacDonaldCenter.org.

Date _____

Referred by _____

SECTION I - GENERAL INFORMATION:

(All sections must be completed)

Name _____
Last First Middle Initial Nickname

Social Security # _____ Date of Birth: _____

Home address _____
No. and Street City State Zip Code

Is this: Family Home Supported/Independent Living Group Home

Agency Name & Contact information: _____

Mailing address *(if different from above)*: _____

Phone # _____ Cell #: _____

Email _____

Age Group: 12 - 15 16 - 24 25 - 44 44 - 65

Gender: Female Male

Ethnicity:

American Indian or Alaskan Native
Black or African American
Native Hawaiian or Pacific Islander
Multiracial
White

Hispanic and Latino
Not Hispanic and Latino

Have you been convicted of a felony or any crime? Yes No

(Such a conviction may be relevant if service related, but does not bar you from services).

If Yes, explain and please include dates and details of all charges.

Services Requested:

LSD3 - Day Training Services
SE - Supported Employment

CL - Supported Living / Personal Supports
Certificate Program (MOS/IC3/CLA/ES)

Emergency Contact *(must be able to respond in person within an hour of contact)*

Name _____ Home Phone # _____

Cell Phone # _____ Work # _____

Relationship to applicant: _____

SECTION 7-F7 @ C: GI DDCFHG:

Name of Father: _____ Living Deceased

Address _____

Home Phone # _____ Email _____

Work Phone # _____ Cell Phone # _____

Name of Mother _____ Living Deceased

Address: _____

Home Phone # _____ Email _____

Work Phone # _____ Cell Phone # _____

Legally Competent: Yes No

Legal Guardian Information *(if answered No):*

Name No. and Street City State Zip Code

Home Phone # _____ Cell Phone # _____

Email Address: _____

Type of Guardianship _____ *(if applicable - please provide guardianship documentation)*

Waiver Support Coordinator (Name) _____

Agency _____

Address _____

Phone # _____ Email _____

Supported Living Coach (Name) _____

Agency _____

Address _____

Phone # _____ Email _____

FAMILY/FRIENDS SUPPORTS

List name, relationship and phone number of siblings, family members, friends or relatives most involved with the applicant that provide support regularly:

SECTION III - EDUCATION:

List schools and other training services in order of attendance and give the number of years attended:

Service	Location	Type of Service	# of years

SECTION IV NEEDED SUPPORTS

Describe behaviors of concern (i.e. self-injurious, physical/verbal aggression, property damage, running away, etc.) Please do not leave this section blank. *(Please indicate the frequency and intensity, contributing factors, triggers, and the date of the most recent incident).*

Yes No Self Injurious Behavior (SIB) _____
Yes No Physical Aggression _____
Yes No Property Destruction _____
Yes No Eloping/Running Away _____

Do you have a behavior plan? Yes No *If yes, please submit a copy*

Behavior Analyst (BCBA) Name _____

Agency _____

Address _____

Phone # _____ Email Address _____

Indicate the level of supports needed with the following:

Toileting: Independent Needs Prompting Physical Assistance

Wears briefs? Yes No

Mealtimes: Independent Needs Prompting Physical Assistance

Any special considerations at mealtimes?
Special diet / consistency *(If so, please list/describe)*

Any special adaptive equipment (If so, please list)

SECTION V - EMPLOYMENT

Are you currently employed? Yes No *If yes, date of hire* _____

Name of Current EMPLOYER	Address	Phone Number

Scheduled Work Days: Mon Tue Wed Thu Fri Sat Sun

Are you currently receiving Supported Employment Services? Yes No

If yes:

Name _____

Agency _____

Address _____

Phone # _____ Email _____

Are you interested in obtaining employment in the community? Yes No

If yes, what type of work interests you? _____

What are your goals, hopes, and dreams? What do you want to learn?

SECTION VI OTHER PERTINENT INFORMATION: Please provide information relevant to the health, safety and well being of the applicant:

Is there a history or concern of abuse, neglect and/or exploitation?

If yes, please describe any needed support as a result of above.

Other relevant historical information necessary to ensure appropriate support:

SECTION VII FINANCIAL INFORMATION

Payment Method:

MedWaiver/IBudget

Medicaid #: _____

GR

CDC

Private Pay *(Please complete payment agreement)*

Financial Assistance *(Please complete scholarship application) (Dependent on funds available & eligibility requirements)*

Other _____

I consent to allow MacDonald Training Center, Inc. (MTC) to request and review additional information/supporting documentation from other providers including WSC, BCBA, Supporting Living and Supported Employment agencies .

Signature

Date