Liberty Corner Enterprises

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RESIDENTIAL SERVICES APPLICATION

Date:_____ **MCO ID:**_____

Which services are you interested in?

_____**Alternative Family Living** _____**Residential Services** _____**Apartment Living**

Name:_____
Last First Middle

Address:_____
Number, Street, Route, Box City State Zip County

Phone No.:_____ **D.O.B.:** _____ **Sex:**_____ **Race:**_____

Medicare ID: _____ **Medicaid ID:** _____ **SS#**_____

Private Ins.Co. _____

Policy No: _____ **Group No:** _____

Managed Care Organization: _____ **Care Coordinator:** _____

Contact Person: _____
Name

Address: _____
Number, Street, Route, Box City State Zip County

Phone No.: _____ _____
Home Work

Relationship: ☐ **Parent** ☐**Legally Responsible Person** ☐**Guardian**

☐ **Other:** _____ **Type Guardianship:**_____

Date of Adjudication: _____ **County of Adjudication:** _____

Name of Guardian: _____
Last First Middle

Guardian's Address:_____
Number, St., Route, Box City State Zip Country

Guardian's Phone Number: _____
Home Work

DIAGNOSIS – DSM III-R (complete all that apply, or attach a recent psychological evaluation):

AXIS I _____

AXIS II _____

AXIS III _____

Last Psychological Evaluation _____ **Date:**_____

Referral Source and Contact Number:_____

Reason for Referral:_____

_____

Current Residential Arrangement: ☐Private Home ☐ICF/MR Bed ☐Family Care Home
☐DDA Group Home ☐Respite ☐State Inst. (non-ICF/MR)
☐Rest Home ☐Other

Dates Admitted:_____ **Dates Discharged:**_____

Program Name:_____ **Telephone Number:**_____

Address:_____
Street City State Zip

Current Services (or attach a copy of the current Individual Service Plan):
☐School ☐ADVP ☐Supported Employment ☐Comp. Ed. ☐Residential ☐Day Supports
☐Personal Care ☐ Developmental Therapy ☐ Respite ☐ None

Former Services (include any ICF/MR, Nursing Facility Placement):

Residential:	Date: From: To:
Day:	

Please describe the daily support needs and wants of this person:

What is important to this person about where he or she lives (e.g., does she prefer privacy? Quiet? A small space?)?

What is important to this person (e.g., what people, places, things does he enjoy)?

What is important for the person (e.g., any health and safety concerns)?

Has this person experienced a crisis in the past? If yes, please describe it and how is was managed:

Applicant Signature	**Date**
Parent/Guardian Signature	**Date**
Care Coordinator Signature	**Date**
LCE Staff Signature	**Date**