WNC Group Homes

APPLICATION FOR ADMISSION - REQUIREMENTS AND PROCESS

Attached is an application packet for admission to the Western North Carolina Group Home for Autistic Persons, Inc. (known as WNC Group Homes - or "WNCGH" throughout this application). These forms represent the initial phase of the admission process and must be completed in full.

All applicants must:

1. be a resident of North Carolina
2. be diagnosed with autism or have autism features (the Gwen Rash Memorial Group Home, however, will serve persons with a developmental disability who do not have autism)
3. have an appointed guardian if over age 18
4. must be eligible for placement in a school program (child) or in a day training program (adult)
5. demonstrate the potential for progress during treatment and training
6. be able to have his/her health needs met within the existing WNCGH program
7. agree to provide remuneration for services if he/she is ineligible for entitlement of funds
8. not demonstrate a need for continual one-to-one services

Due to the "aging up" of the Kenmore and Montford Group Homes, applicants must fall within a similar age range and functioning level as the other residents of these homes.

Priority for admission to WNCGH shall be awarded to:

1. Ora Street Group Home - residents of the 25 western counties of North Carolina
   Pisgah View Group Home - residents of the 25 western counties of North Carolina
2. applicants whose current living situation and/or placement is most inadequate
3. applicants whose needs cannot be met by other available programs
4. applicants who demonstrate the ability to participate in the WNCGH program without limiting the delivery of services to other residents
5. applicants whose families or advocates are willing and able to support and be involved with the WNCGH program

Upon receipt of this application and all required attached documents (such as a current psychological evaluation, IEP, or current Habilitation plan), the application for admission packet will be reviewed by the Social Services Coordinator. When an opening occurs, the Social Services Coordinator may request additional current information such as a social history and medical evaluations. The Social Services Coordinator and appropriate staff and/or consultants will make a preliminary prioritization of the applicant. The Social Services Coordinator will present the preliminary prioritization list, application information, and reasons for ranking to the Admissions and Discharge Committee of the Board of Directors. Non-eligible applicants will also be noted along with the reasons for ineligibility. The Admissions and Discharge Committee will submit applicants to the Interdisciplinary Team for further evaluation and recommendation of placement.

All applications remain active until such time as an applicant requests termination of their application or the applicant is determined to be ineligible with no probability of future eligibility. Applicants whose applications are being terminated will be notified of the termination.

All services provided by Western North Carolina Group Home for Autistic Persons, Inc. will be administered in such a manner that no person shall be excluded from participation in, or denied the benefits of, or be otherwise subject to discrimination on the grounds of sex, race, religion, age, or national origin.

Submit the completed application package to:

WNC Group Homes
Attn: Social Services Coordinator
28 Pisgah View Avenue
Asheville, NC 28803

APPLICATION FOR ADMISSION

1. Personal Information

Applicant's Name

_____

First Middle Last

Also Known as _____

Applicant's Present Address

_____

PO Box/Street

_____

City State Zip Code

Telephone Numbers

_____

Home Work Cell

Applicant's Permanent Address

_____

PO Box/Street

_____

City State Zip Code

2. Legal Guardian Information

Guardian's Name

_____

First Middle Last

Address

_____

PO Box/Street

_____

City State Zip Code

Telephone Numbers

_____

Home Work Cell

Preferred Time to Contact _____

Email Address _____

Guardianship Type: (Attach a copy of guardianship papers)

_____ Own Guardian
_____ Interim Guardian (Full hearing date _____)
_____ Limited Guardianship
_____ Guardian of the Person
_____ Guardian of the Estate
_____ General

Date of Appointment _____

Legal Custodian for Minor ____ Yes _____ No

3. Family Information

Father's Name

_____

First Middle Last

Address _____
PO Box/Street

_____

City State Zip Code

Telephone Numbers

_____

Home Work Cell

Preferred Time to Contact _____

Email Address _____

Mother's Name

_____

First Middle Last

Address

_____

PO Box/Street

_____

City State Zip Code

Telephone Numbers

_____

Home Work Cell

Preferred Time to Contact _____

Email Address _____

Brothers/Sisters

Name Age Current Residence-town/state

_____

_____

_____

_____

4. Background Admission Request Information

Applicant's County of Residence _____ Sex _____ Race _____

Date of Birth _____ Place of Birth _____
City/State

County of Birth _____ Social Security # _____

Height _____ Weight _____ Eye Color _____ Hair Color_____

Primary Disability and age of onset of disability

_____

Other Disabilities and age of onset of the disability

_____

_____

_____

5. Financial Status

Financial Support:
SS (monthly amount) _____ SSI (monthly amount) _____

Special Assistance (monthly amount) _____

Trust account? (yes/no)_____

6. Insurance

Medicaid _____
Number County/State

Medicare _____
Number County/State

Hospitalization Insurance

_____
Name of Insurance Company Phone Number

Policy Number _____

Policy Holder_____

7. Background/Admission Request Information

A. Chronological Listing of Residential/Hospitalization History

List all past residential placements (including hospitals, private providers, other out of home placements) and the outcome of those applications. (Please include the dates of admission/discharge.)

Facility/Agency	Dates	Reason for Discharge

Reason(s) for requesting admission and your anticipated outcome(s) of your stay at WNC Group Homes

_____

_____

_____

B. Managed Care Organization (MCO) Involvement

Responsible MCO: _____

Phone and Contact Person: _____

_____

C. Previous Involvement with WNC Group Home for Autistic Persons

Has the applicant ever been admitted to WNC Group Homes? _____

If yes, when? _____

8. Current Supports/Services (Attach Person Centered Plan/Habilitation Plan)

A. Current Residential

_____ Living at home with family
_____ ICF/ID Group Home
_____ DDA Group Home
_____ Psychiatric Facility
_____ State Developmental Center
_____ Other (specify type) _____

Agency, Contact Person and Phone for current residential placement

_____

_____

_____

If this is not a long-term placement, identify timeframe and plan.

_____

B. Current Day Program/School/Work

Agency, Contact Person/Position, and Phone

_____

_____

_____

_____

Number of hours per week _____

Type of activities involved in currently:

_____

_____

_____

Attach latest IEP or explanation of termination of educational services if applicant is less than 22 years old.

School _____

Address _____

_____ _____Phone_____

School Contact Person/Position _____

C. Other Current Services/Supports Being Received

Support/Service Provider Funding Source

_____

_____

_____

_____

_____

_____

9. Diagnostic Information

A. **Check all diagnoses which apply** (Attach copy of Psychological Evaluation.)

____ Mild Intellectual Disability
____ Moderate Intellectual Disability
____ Severe Intellectual Disability
____ Profound Intellectual Disability
____ Seizure Disorder (note type/frequency) _____

_____

____ Mental Illness (specify) _____
____ Autism Spectrum Disorder
____ Cerebral Palsy (specify type) _____
____ Visual Impairment (specify) _____
____ Hearing Impairment (specify) _____

B. Other Diagnoses

_____

_____

_____

10. Medication/Medical Information (Attach additional pages as needed.)

Medication	Dosage	Reason for Taking	Physician Ordering	Date Started

B. List any medication to which there were severe or allergic reactions (describe reactions)

C. **Additional medical issues/concerns**

D. Current Physicians/Dentist

Name	Specialty	Phone

E. Most Recent Physical Exam - Date: _____
Examiner/Contact Info:

Notable Findings:

F. Immunizations/Medical Screenings
Attach immunization records and results of hepatitis and tuberculosis screenings.

G. Evaluations/Medical/Medication History
Attach Psychological Evaluation completed within the past year for an applicant under 18 years of age, and within the past three years if for an adult. Also attach any diagnostic testing results which are significant.

Attach discharge summaries from all hospitalizations within the past three years and others which are significant.

Attach summary of medication history.

Abilities/Skills/Support Needs

H. NC SNAP Score: _____ Raw Scores: _____
Date Completed: _____

I. Ambulation
____Walks without assistance
____Walks with assistance
____Non-ambulatory/ can maneuver wheelchair
____Non-ambulatory/ cannot maneuver wheelchair

J. Communication
EXPRESSIVE:
____Uses verbal language clearly
(____sentences ____phrases ____single words)
____Uses augmentative communication device
____Uses verbal language with difficulty
____Uses manual or symbol communication
____Uses informal communicative gestures
____Vocalizes to communicate
____Does not respond to intentionally express self

RECEPTIVE:
____Understands most communication by others
____Understands some communication by others
____Attends to gestures and auditory cues
____Does not respond to most communication by others

K. Dressing
____Dresses independently
____Requires verbal prompts
____Requires physical assistance
____Requires total assistance

L. Toileting

____Toilets independently
____Requires verbal prompts
____Requires physical assistance
____Incontinent (other info) _____

How does this person indicate the need to toilet?_____

_____

M. Eating

____Eats independently
____Requires verbal prompts
____Requires physical assistance
____Requires total assistance
____Requires tube feeding

Diet: _____Regular _____Chopped _____Pureed _____Liquid

Diet or Eating Concerns:_____

_____

Food Favorites: _____

Food Dislikes: _____

Food Allergies: _____

_____

N. Bathing

____Bathes independently
____Requires verbal prompts
____Requires physical assistance
____Requires total assistance

Bathing preferences: _____

O. Sleeping

____Sleeps through the night
____Does not sleep through the night (describe)_____

_____

____Has special sleep items (list)_____

Sleep preferences: _____

P. Leisure

____Independently plans/ spends leisure time
____Makes good use of leisure time
____Requires encouragement to spend leisure time well or with others
____Requires assistance with hobbies/ crafts
____Requires socialization skills building
____Requires activities to be planned by others

Leisure Activities Preferences: _____

_____

How does the applicant respond when taken on community outings?

_____

_____

_____

Q. Socialization

____Indicates interactions
____Responds to interactions
____Avoids interactions
____Little response to interactions

R. Supportive/ Protective Devices

____None
____Wheelchair
____Walker/ crutches/ braces
____Hearing aid
____Corrective lenses
____Adaptive clothing
____Helmet
____Supportive belts/ vests
____Bedrails

S. Behavior Management

__No special support needed

REQUIRES ONGOING MANAGEMENT OF: (Attach current behavior support plan/ guidelines/ crisis plan as well as data to indicate frequency/ intensity.)

____Self injury-describe_____

____Verbal aggression

____Physical aggression-describe _____

_____

_____

____Property destruction-describe _____

_____

_____

____Inappropriate sexual behavior
____Taking others' belongings
____Tantrums
____Inappropriate attention seeking
____Other-specify_____

How does the applicant respond to noise? _____

_____

List situations which trigger problems: _____

_____

_____

_____

_____

11. Legal Guardian Input (Attach pages, if needed)

As guardian, include any additional comments you feel would be helpful in evaluating this request for admission to Western North Carolina Group Home for Autistic Persons, Inc.

_____

_____

_____

_____

I hereby request residential services from Western North Carolina Group Home for Autistic Persons, Inc. for the applicant described. I understand that consideration will be given to this request without regard to race, ethnic origin, sex, or ability to pay. I understand that return to community services will be an on-going goal for any individual admitted to an ICF/IID or DDA Group Home.

Signature of Guardian/ Co-Guardians:

_____

Printed Name of Guardian/ Co-Guardians:

_____

Date: _____

CHECKLIST: Items which need to be included in the application packet.

- ____ Application
- ____ Birth Certificate (copy)
- ____ Medicaid Card (copy)
- ____ Guardianship Papers (copy)
- ____ Social History if available
- ____ Person Centered Plan (if applicable)
- ____ IEP (if applicable)
- ____ Current Psychological Evaluation
- ____ Immunization Record
- ____ Results of Hepatitis/ Tuberculosis Screenings
- ____ Evaluations/ Diagnostic testing results completed in the last year and others which are significant
- ____ Discharge summaries for all hospitalizations in the past three years and others which are significant
- ____ Summary of medication history if medication regime evaluation is being requested
- ____ Current Behavior Support Plan and Crisis Plan; Frequency/ Intensity Data

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Attn: Social Services Coordinator
28 Pisgah View Avenue
Asheville, NC 28803

Thank you for your interest in WNC Group Homes. If you have questions, please call (828) 274-8368, ext. 230.