

Admission Application

Consumer's Information

Applicant's Name: _____

Living Situation: _____

Address: _____ Zip: _____

D.O.B.: _____ Place of Birth: _____ Gender: _____

Hair Color: _____ Eye Color: _____ Ht: _____ Wt.: _____

Handedness: _____

Residency: _____

Language(s) spoken in the home(s): _____

Language(s) spoken (if different then home): _____

Religious Preference (if any): _____

Consumer's Medical Information

Has the Applicant previously had any of the following illnesses:

Chicken Pox _____ Date _____

Measles _____ Date _____

Mumps _____ Date _____

Scarlet Fever _____ Date _____

Rheumatic Fever _____ Date _____

Whooping Cough _____ Date _____

Diphthria _____ Date _____

Polio _____ Date _____

Tuberculosis _____ Date _____

MRSA _____ Date _____

Does the applicant require the use of mobility aids?: _____

Under what conditions?: _____

Does the applicant require the use of adaptive devices?: _____

Under what conditions?: _____

Has he or she had any operations?: _____ If yes, Please explain:

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Does the applicant have any contagious illness(es): _____

If yes, please explain: _____

Does the applicant have a history of seizure disorder: _____

If yes, please describe any triggers, warning signs, and description of seizure activities: _____

Does the applicant have a special diet: _____

If yes, please describe: _____

Does the applicant have any allergies: _____

If yes, please describe: _____

Consumer's Social Disposition

What would best describe the applicant's personality? _____

...On an average day? _____

...On special occasions? _____

...When frustrated or disappointed? _____

...On days with lots of changes? _____

Does the applicant have any specific fears? _____

If so, please describe: _____

Does the applicant have any unusual habits or behaviors? _____

If so, please describe: _____

Has the applicant hurt him/herself or others, had law enforcement involvement, been on probation, is a registered sex offender? (please provide all information regarding the above question)

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Consumer's Day Program/School Placement History

Program/School: _____ Dates Attended: _____

Reason for leaving: _____

Program/School: _____ Dates Attended: _____

Reason for leaving: _____

Program/School: _____ Dates Attended: _____

Reason for leaving; _____

Consumer's Work History

Employer: _____ Dates of Employment: _____

Job Duties: _____ Reason for leaving: _____

Employer: _____ Dates of Employment: _____

Job Duties: _____ Reason for leaving: _____

Employer: _____ Dates of Employment : _____

Job Duties: _____ Reason for leaving: _____

Consumer's Residential Placement History

Residence: _____ Dates of Residence: _____

Reason for leaving: _____

Residence: _____ Dates of Residence: _____

Reason for leaving: _____

Residence: _____ Dates of Residence: _____

Reason for leaving: _____

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Parent, Conservator, and/or Family Member Information

Conservator ___ Parent ___ Sibling ___ Other Family Member _____

Name: _____

Address: _____ Zip: _____

Phone Number: _____ Alternate Phone: _____

Conservator ___ Parent ___ Sibling ___ Other Family Member _____

Name : _____

Address: _____ Zip: _____

Phone Number: _____ Alternate Phone: _____

Conservator ___ Parent ___ Sibling ___ Other Family Member _____

Name: _____

Address: _____ Zip: _____

Phone Number: _____ Alternate Phone: _____

Funding Information

Is the Applicant a consumer of the San Diego Regional Center ___ Yes ___ No

If so,

Service Coordinator's Name: _____ Phone: _____

Address: _____ Zip: _____

If no,

Name of the person or agency who will be responsible for day program costs:

_____ Phone: _____

Address: _____ Zip: _____