

HEARTBEET LIFESHARING, INC.

218 Town Farm Road
Hardwick, Vermont 05843
Telephone and Fax: 802-472-3285
Email: info@heartbeet.org

APPLICATION FORM

(Please print or type)

Name of Applicant			Date of Application		
Last	First	Middle	/	/	
			Month	Day	Year
Date of Birth			Place of Birth		
/	/				
Month	Day	Year			

Heartbeet Lifesharing, Inc. is a Christian, non-denominational community which does not discriminate against any person on the basis of race, color, sex, sexual orientation, creed or national origin.

Social Security Number - -	Space For Photo (required)
Mothers Name: _____	
Address: _____ _____ _____	
Tel. No.: _____	
Fax No.: _____	
Email Address: _____ 	
Father's Name: _____	
Address: _____ _____ _____	
Tel. No.: _____	
Fax No.: _____	
Email Address: _____	

THE PRESENT

Current life situation (where and with whom do you now live?): _____

Reason for inquiry: _____

_____ Family Circumstances (Siblings? Intact primary family? Single parent? Or: _____

Please tell us about your specific disability and special needs: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Seizures? Yes/No Please describe: _____

Please describe self-care skills and needs (washing, bathing, dressing, tooth-brushing, eating,

toileting, etc.): _____

Please describe communication skills and needs (Speech? Hearing? Vision?): _____

Relationship to others, social skills and needs: _____

Describe level of sexual awareness: _____

Describe any self-abusive or sexual behavior disorders or problems (If yes, please explain):

Orientation in space and time: _____

Describe special interests, hobbies and free time activities: _____

Describe any special interests, abilities, talents, etc.?: _____

Describe any idiosyncrasies, taboos, obsessions, fears: _____

Do you have or display any aggressive/manipulative or abusive tendencies (tempers, outburst, violence to self and/or others)?: _____

Are there any other forms of anti-social or aggressive behavior? _____

Sense of danger? _____

Able to read and write? Yes/No

Tell the time: Yes/No

Use the telephone: Yes/No

Deal with money: Yes/No

Describe general health and sleep habits: _____

Describe relationship to pain and illness: _____

Allergies? Yes/No If yes, please describe: _____

Special diet or dietary restrictions? Yes/No If yes, please describe: _____

Are there any special medical conditions we should know about? _____

Relation to work (work interests, attitudes and habits, work tolerance, skills and limitations):

HISTORY

When was a disability first apparent or suspected? _____

Diagnosed with Developmental Disability prior to age 21? Yes/No At what age? _____

EDUCATION

Schools Attended	Location	Dates Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

Please list positions held beginning with the most current.

Employer	Location	Job Description	Dates
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If you have anything more to add, please use additional pages as needed).

BIOGRAPHICAL INFORMATION

Please give a brief narrative description. Include early history, family relationships, important life experiences, etc., anything that you think is relevant to help us know and understand _____ is. (If you need more space, feel free to add additional pages).

I hereby certify that all the information provided in this application is factual and true.

Applicant Signature

Signature of person filling out the form and relationship to applicant

Name of person filling out the form (please print)

Address of person filling out the form

Telephone numbers of person filling out the form

Home: _____ Work: _____ Cell: _____

Email address of person filling out the form