Intake Application

Please choose all that apply:

- ☐ Residential Placement
- ☐ Care Coordination
- ☐ Community Habilitation
- ☐ Respite

Makor
Disability Services

Formerly: Women's League Community Residences, Inc.

1556 38th Street • Brooklyn, NY 11218 • (718) 853-0900

A tradition of caring in our homes and yours

Application for Admission

Please attach a copy of a recent psychological, psychosocial, medical evaluation and Individualized Service Plan (ISP). Responsibility for obtaining and submitting these reports rests with the applicant.

Please print your answers to all the following questions. If a question does not apply to you, please write N/A (not applicable).

1. Full Name of Applicant _____
2. Applicant's Present Address _____
   _____
3. Phone #: _____
4. Email Address:_____
5. Gender: _____Male _____ Female
6. Date of Birth: _____
7. Social Security #:_____
8. Medicaid #:_____
9. Medicare #:_____
10. TABS #:_____
11. Place of Birth:_____
12. Diagnosis:
    _____
    _____
    _____
13. Is the applicant a U.S. Citizen? Yes _____ No _____
14. If applying for residential placement, does applicant currently receive a monthly SSI check? Yes _____ No _____
15. Name, Address & Telephone # of person filling out this application:
    _____
    _____
    _____
    Relationship to Applicant: _____
16. Referred by: _____ Phone #: _____

SERVICES INFORMATION

17. Does the applicant currently receive any of these services?

____ Early Intervention	_____ Care Coordination
____ Com Hab	____ Day Hab
____ Respite	_____ Supported Employment

If yes, with which agency? _____

Service Coordinator/ Care Manager's Name: _____

Phone #: _____

18. Has the applicant ever resided in a residential setting (Including state school) ?

Yes ____ No ____

If yes, list the Name & Address of Residence(s):

_____

_____

Date of Admission: _____ Date of Discharge: _____

19. Is the applicant presently attending a special school or day hab?

___ Yes ___ No

Name & Phone # of program: _____

Director of Program or Contact Person's Name: _____

Date of Attendance: From _____ To _____

20. Has the applicant ever worked? ___ Yes ___ No

If yes, list the last place of employment._____

Date: From: _____To: _____

Position: _____

MEDICAL INFORMATION

21. The applicant's developmental disabilities diagnoses are:

_____

_____

_____

22. Does the applicant have a private doctor? ___ Yes ___ No

Name, Address and Phone #: _____

_____

If not, where does applicant receive medical attention?

_____

_____

_____

Has the applicant had any unusual illness or accident? ___ Yes ___ No

If yes, when? _____

Explain_____

_____

23. Please list any medical conditions the applicant has:

_____

_____

_____

24. Is applicant receiving any medication? ___ Yes ___ No

If yes, please list medications, and for which condition:

_____

_____

_____

25. Does the applicant have any allergies? ___ Yes ___ No

If yes, please list allergies and medication (if any) addressing this issue:_____

_____

26. Is the applicant able to ambulate independently? ___ Yes ___ No

If not, please describe any supports needed:_____

_____

27. Is the applicant toilet trained? ___ Yes ___ No

If yes, completely or partially? ___ Completely ___ Partially

If partially, explain: _____

28. Please describe any behavior issues:_____

_____

_____

_____

FAMILY INFORMATION

Father/Guardian's Name: _____

Address: _____

Father/Guardian's contact#: Cell:_____ Work: _____

Occupation: _____

Mother/Guardian's Name:_____

Address:_____

Mother/Guardian's phone #: Cell:_____ Work: _____

Occupation: _____

Marital status of parents:_____

Emergency Contacts:

	Name	Relationship	Phone #
1.			
2.			
3.			

_____ _____

Signature of Applicant or Guardian Date

Accompanying Documentation Checklist:

- ☐ Psychological Evaluation
- ☐ Psychosocial Evaluation
- ☐ Medical Evaluation
- ☐ Most recent ISP (if available)
- ☐ Documentation of Disability before age 22 (if available)

Please send completed application and reports to:

Tsirel Winograd, Intake Coordinator
Makor Disability Services
1556 38th Street
Brooklyn, NY 11218
Fax: 347-390-8225
twinograd@makords.org