



# CCFH Ministries

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## Application for Services

### Personal Information

This application is for consideration for:

- Group Home: Louisville, TN
- Independent Living Program
- Other

Name of applicant:

Address:

Sex: \_\_\_M \_\_\_F

Date of Birth:

Social Security Number:

Referring agency:

Person seeking placement:

Relationship to applicant:

Address:

Telephone:

Email address:

Are parents living?

- Yes
- No

Father's Name:

Address:

Telephone:

Email address:

Mother's Name:

Address:

Telephone:

Email address:

Does applicant have siblings? \_\_\_Yes \_\_\_No

If so, please give name, age, address, telephone, and email (if applicable) for all living siblings:

## Diagnosis & Health

Diagnosis:	
Date of onset:	IQ on psychological evaluation:
Is there mental retardation? ___Yes ___No	If yes, what is the level? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound
Has the applicant ever been treated for emotional problems? ___Yes ___No If yes, briefly describe the problem and treatment.	
Describe the applicant's general health.	
Is he or she on a special diet? ___Yes ___No If yes, please describe.	

Please list all medications used by the applicant.

Name of Medicine	Dosage	Frequency

## Vocational

Has the applicant had vocational training? ___Yes ___No If yes, what type?
What type jobs has the applicant done?
Does the applicant work now? ___Yes ___No If yes, where?
What kind of work does the applicant enjoy?

## General Information

What are the applicant's strengths?

What are the applicant's weaknesses?

Why do you want the applicant placed in this program?

Please mark the box if the following describes the applicant.

- Adapts well to new situations
- Shares appropriately with others
- Works at tasks independently
- Accepts direction
- Accepts criticism
- Directs others
- Directs self
- Dresses self
- Feeds self

How soon could the applicant be ready to move into a program?

\_\_\_\_\_

Is the applicant legally competent? \_\_\_Yes \_\_\_No (to check "no" means that a court has ruled the applicant incompetent of decision making)

If the applicant is not legally competent, can you provide proof of guardianship or financial conservatorship?  
\_\_\_Yes \_\_\_No

What type of health insurance does the applicant currently carry?

\_\_\_\_\_

Where does the applicant attend church?

Minister's Name:

Church Address:

## Financial

How will payment for service be made? (check all that apply)

- SSI or SS benefits
- Trust Fund
- Family
- Friends
- Other: \_\_\_\_\_

What benefits does applicant currently receive?

- Social Security \$\_\_\_\_\_
- SSI \$\_\_\_\_\_
- Food Stamps \$\_\_\_\_\_

Before this application can be considered, it is necessary for us to have a copy of a recent psychological evaluation (within the past three years). If you have additional reports from schools, workshops, etc., that the applicant has attended, please attach a copy. We also need a picture of the applicant.

Signature:	Date:
Relationship to applicant:	