

CHAPEL HAVEN
 Office of Admissions
 1040 Whalley Avenue
 New Haven, CT 06515
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 Fax (203) 392-3698
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APPLICATION FOR ADMISSION

GENERAL INFORMATION

Name _____ Male Female

 First Middle Last Preferred Name

Home Address _____

 Street & Number City State/Country Zip Code

Date of Birth _____ Place of Birth _____ Are you a U.S. Citizen? Yes No
 I-20 Immigration for needed? Yes No Citizenship _____

Home Phone _____ E-Mail _____ Fax Number _____

How long have you lived in U.S.? _____ Applicant's native language? _____

Please indicate program interest:

Residential Supported Living Education Recreation Employment Community Life Post-Graduate

Date of desired entry _____

FAMILY HISTORY

Applicant lives with: Father Mother Self other _____
 (Please check all that apply) specify relationship

Father is deceased Mother is deceased Parents divorced/separated Adopted

Father's Name _____ Mother's Name _____
 (Maiden Name) _____

*Birthplace _____ *Birthplace _____
 * Required by State of Connecticut

Employer _____ Employer _____

Father's Occupation/Title _____ Mother's Occupation/Title _____

Business address _____ Business address _____

Business phone () _____ Fax () _____ Business phone () _____ Fax () _____

Home address if different from above _____ Home address if different from above _____

Home phone () _____ Home phone () _____

Email _____ Email _____

Applicant's Religious Affiliation (optional) _____

Applicant's Legal Competency Status _____
 (attach copy of court decree)

Nearest Relative's Full Name Mr. Ms. _____
 Name Relationship Telephone

Name of Guardian Mr. Ms. _____
 Name Relationship Telephone

Please provide the following information on all siblings:

Name	Age	Address if different from applicant
Name	Age	Address if different from applicant
Name	Age	Address if different from applicant

List two persons, other than parents, to be contacted in emergency:

Name	Address	Telephone	Relationship
Name	Address	Telephone	Relationship

MEDICANTPERSONAL INFORMATION

Is the applicant on a medication program? Yes No

Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose
Name of Medication	Dosage	Purpose

Name & phone number of prescribing physician: _____

Does applicant have any allergies? (List and describe reactions)

Medical Alert Information

Does the applicant have seizures? Yes No

Date of onset _____ Frequency _____

Date of last seizure _____

List any hospitalizations within the last 5 years. Please check the nature of hospitalizations: medical emotional

Date	Hospital	Address
Date	Hospital	Address
Date	Hospital	Address

Does the applicant have any dietary restrictions? If yes, please describe.

Does applicant hold a valid driver's license? Yes No

Does applicant own/operate a motor vehicle? Yes No

Please check differences as applicable:

learning disabled neurological social/emotional A.D.D./A.D.H.D. PDD visual impaired hearing impaired

speech/language developmental autism mental retardation other _____

seizures - controlled yes no type _____ date of last seizure _____

Please indicate support services currently being provided and if you anticipate the need to continue:

speech continue yes no language - continue yes no

occupational therapy continue yes no

counseling continue yes no group individual

other: (please list) _____

EDUCATIONAL INFORMATION

Beginning with the ninth grade, please list every high school applicant has attended. Please indicate the most accurate statement.

Name of School	City/State	Dates Attended	
_____			<input type="checkbox"/> Received a high school diploma.
_____			<input type="checkbox"/> Received a G.E.D.
_____			<input type="checkbox"/> Currently in high school. Expected graduation date _____
_____			<input type="checkbox"/> Did not received a high school diploma or G.E.D. but attended school through ____ grade.

Did not attended college. Attended college.

Has applicant ever utilized a Behavior Contract? If yes, describe. _____

Please indicate the extracurricular activities in which applicant participated in high school.

Have you ever been convicted of a felony? Yes No If you answered Yes, indicate date and nature of the offense:

WORK EXPERIENCE

Please list any jobs or job training (including summer employment) applicant had during the past three years.

Job Title/Nature of Work	Employer/Supervisor/Telephone #	Dates of Employment	Hrs/Wk	Salary/Vol.

ASSESSMENT

Please rate the applicant on the following characteristics on a scale of one to five (with one low and five high). Enter your ratings under the categories to which you feel qualified to respond.

Examples:	School	Job	Home/Leisure
Initiative	4 _____	n/a _____	3 _____
Motivation	5 _____	n/a _____	3 _____
GENERAL	School	Job	Home/Leisure
Initiative	_____	_____	_____
Motivation	_____	_____	_____
Reliability	_____	_____	_____
Perseverance	_____	_____	_____
General Attitude	_____	_____	_____

Comments: _____

INTERPERSONAL

Ability to relate to:

	School	Job	Home/Leisure
peers with disabilities	_____	_____	_____
peers without disabilities	_____	_____	_____
teachers	_____	_____	_____
work supervisors	_____	_____	_____
young children	_____	_____	_____
elderly people	_____	_____	_____
people with disabilities	_____	_____	_____

Comment on style of interaction and specific strengths and weaknesses in social interactions. _____

JUDGMENT/DECISION-MAKING

Ability to:

	School	Job	Home/Leisure
make everyday decisions using good judgment	_____	_____	_____
act in an emergency using good judgment	_____	_____	_____
use people as resources (asking for help when necessary, asking questions/clarification)	_____	_____	_____

Comments: (Use examples, if possible) _____

EMOTIONAL ADAPTABILITY

Ability to:

	School	Job	Home/Leisure
cope with stress	_____	_____	_____
adjust well to new situations	_____	_____	_____
separate own problems from problems of others (avoid taking everything personally)	_____	_____	_____

Comments: (Be specific: what types of situations does the applicant find stressful? What coping mechanisms are used?)

TIME MANAGEMENT & ORGANIZATION

Ability to:

	School	Job	Home/Leisure
attend to daily schedule (arrives at places on time, etc.)	_____	_____	_____
plan and carry out activities	_____	_____	_____
prioritize	_____	_____	_____
keep track of belongings	_____	_____	_____

Comments: (Be specific about the nature of any difficulties and the kind of supervision required to cope.)

OTHER INFORMATION

Referred to Chapel Haven by: _____
Name Address Telephone

List person(s) or agencies responsible for tuition costs:

Name Address Telephone

Name Address Telephone

ADMISSION PROCESS

All Chapel Haven applications should be forwarded to the Admission Office and be accompanied by the items outlined below. The Admission Office will contact the candidate to schedule the visit (required).

- 1. Application - no fee required
- 2. Psychological evaluation completed within the last 3 years
- 4. High school transcript
- 5. Vocational evaluation, if available
- 6. Neurological evaluation, if **appropriate**

DISCRIMINATION

No applicant shall fail to be admitted, no resident shall be excluded from participation in program activities, nor denied resident benefits or be otherwise discriminated against on the basis of age, sex, race, creed, national origin or handicapping condition.

_____ has not been declared legally incompetent, therefore, it is assumed that (s)he is legally competent.
(Name of applicant)

Signature of Legal Guardian or Parent

Date

I declare that the information provided in support of the application of _____ for admission to Chapel Haven, Inc. is accurate and complete to the best of my knowledge. I understand that if it is determined that relevant information has been withheld or misrepresented in the application process, the candidate will be ineligible for admission. If it is later determined that a resident was admitted to the Chapel Haven, Inc. program on the basis of incomplete or misrepresented information provided during the admission process, the resident will be dismissed from the program. In either case, the deposit will not be refunded.

Applicant's Signature _____

Date _____

Parent (Guardian) Signature _____

Date _____

(Father)

(Mother)

Date _____

Please see next page for Applicant's Personal Essay

FOR OFFICE USE ONLY

Applicant Tour Date: _____

Parent's Tour Date: _____

Admission Date: _____

Discharge Date: _____

Applicant's Personal Essay

Why would you like to come to Chapel Haven? The length should be no more than 1 00 words or one full handwritten page. Use this page of the application for your essay and please work without assistance.