

**APPLICATION FOR ADMISSION  
REACH PROGRAM**

**GENERAL INFORMATION**

Name of Applicant \_\_\_\_\_ Male Female  
First Middle Last Preferred Name

Home Address \_\_\_\_\_  
Street & Number City State/County Zip Code

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax Number \_\_\_\_\_

How long have you lived in the U.S.? \_\_\_\_\_ Applicant's Native Language? \_\_\_\_\_

**Please Indicate Program Interest:**

Residential Supported Living Education Recreation Employment Community Life

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 \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Father's Occupation/Title \_\_\_\_\_ Mother's Occupation/Title \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Home Address if different from above \_\_\_\_\_ Home address if different from above \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Religious Affiliation (optional) \_\_\_\_\_

Applicant's Legal Competency Status \_\_\_\_\_

(attach copy of court decree)

Name of Guardian	Mr.	Mrs.	Ms.			
				Name	Relationship	Telephone

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

Name	Address	Telephone	Relationship
Name	Address	Telephone	Relationship

Is the applicant on a medication program?	Yes	No
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Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Purpose \_\_\_\_\_

Name & phone number of prescribing physician:\_\_\_\_\_

\_\_\_\_\_ Date of last seizure \_\_\_\_\_

Date	Hospital	Address
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Has applicant required therapeutic interventions? If yes, please specify\_\_\_\_\_

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Does applicant own/perate a motor vehicle?	Yes	No
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Please circle differences as applicable

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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	Received a high school diploma Date?_____
_____	_____	_____	Received a G.E.D. Date?_____
_____	_____	_____	Currently in high school. Expected graduation date?_____
_____	_____	_____	Did not receive a high school diploma or G.E.D. but attended school through _____ grade.
Did not attend 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has applicant 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.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**TIME MANAGEMENT & ORGANIZATION**

School

Job

Home/Leisure

Ability to:

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 must 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
3. High School Transcript
4. Vocational evaluation, if available
5. 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\_\_\_\_\_  
DateI 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 turn page over)

### **APPLICANT'S PERSONAL ESSAY**

Why would you like to come to Chapel Haven? The length should be no more than 100 words or one full handwritten page. Use this page of the application for your essay and please work without assistance.