Alternative Residences Alternatives Inc.

100 Botsford Street, Moncton, NB E1C 4X3

Form 40

The Admission Committee reserves the right to return all applications that have not been fully completed.

RESIDENTIAL APPLICATION

REFERRAL INFORMATION

Referral Date:	Referring Worker:	Phone:
Address:		E-mail:

APPLICANT'S PERSONAL INFORMATION

Application's Name:	Age:	DOB (Y/M/D)	Medicare #
Address	Marital Status		Sex: Male ☐ Female ☐
Phone:	Language Spoken ☐ English ☐ French		Financial Support: Health Benefits Card: YES ☐ NO ☐

MEDICAL

Psychiatric Diagnosis:	Psychiatrist: Mental Health Worker:
Allergies:	General Practitioner:
Relevant Medical Problems:	Dentist:
Physical Handicaps:	Present Medication:

ADDITIONAL INFORMATION

Workshop Experience or Employment:
Leisure Activities / Hobbies enjoyed:

NEXT OF KIN OR GUARDIAN / EMERGENCY

Name:	Phone: E mail:
Relationship:	
Address:	
Power of Attorney:	Phone: E mail:
Other:	Phone: E mail

FAMILY INFORMATION

Spouse's Name:	Phone: E mail:
Address:	
Father's Name:	Phone: E mail:
Address:	
Mother's Name:	Phone: E mail:
Address:	

CHILDREN

Name:	Phone: E mail:
Address:	
Name:	Phone: E mail:
Address:	
Name:	Phone: E mail:
Address:	

FUNCTIONING LEVEL ASSESSMENT

1. PHYSICAL FUNCTIONING	ACQUIRED ABILITIES	COMMENTS
Smoker	YES ☐ NO ☐	
Dressed adequately, (no supervision)	YES ☐ NO ☐	
Takes care of personal hygiene	YES ☐ NO ☐	
Appropriate eating habits	YES ☐ NO ☐	
Maintains personal cleanliness	YES ☐ NO ☐	
Helps with household chores	YES ☐ NO ☐	
Can prepare simple meals	YES ☐ NO ☐	
Goes in the community unaccompanied	YES ☐ NO ☐	
Balance sleeping pattern	YES ☐ NO ☐	
Has good table manners	YES ☐ NO ☐	
Practices physical activity regularly	YES ☐ NO ☐	

2. EMOTIONAL FUNCTIONING	ACQUIRED ABILITIES	COMMENTS
Has a stable mood	YES ☐ NO ☐	
Socializes with others	YES ☐ NO ☐	
Keeps in touch with his/her family	YES ☐ NO ☐	
Controls his/her aggressiveness	YES ☐ NO ☐	
Is on friendly terms with others	YES ☐ NO ☐	
Enjoys going on outings	YES ☐ NO ☐	
Respects authority and rules	YES ☐ NO ☐	
Shares personal problems	YES ☐ NO ☐	
Maintain contact with reality	YES ☐ NO ☐	
Has a history of suicidal thinking/attempts	YES ☐ NO ☐	

3. INTELLECTUAL FUNCTIONING	ACQUIRED ABILITIES	COMMENTS
Has decision making process	YES ☐ NO ☐	
Utilizes public services	YES ☐ NO ☐	
Takes medication on his/her own	YES ☐ NO ☐	
Follows rules	YES ☐ NO ☐	
Manages his/her money	YES ☐ NO ☐	
Makes own appointments	YES ☐ NO ☐	
Reads and writes	YES ☐ NO ☐	

TYPES OF SERVICE REQUESTED

Long Term Residential Facility - 24 hrs Support ☐ Transition House (2 years Max)	☐
Subsidized Housing (Shared Accommodation)	☐
Bachelor Apartment (ACA)	☐

Reason for referral:

Previous Placement:	Date:	Reason:	Reason for leaving:

Special needs:	Mobility:	Diet:
In-Patient Psychiatric Care	Number of admissions:	Length of stay:

Does the applicant have a problem with non prescription drugs:	YES ☐ NO ☐	If YES please specify:
Does the applicant have a problem with alcohol:	YES ☐ NO ☐	If YES please specify:
Are you aware of other service agencies providing services to this person?	YES ☐ NO ☐	If YES, state type of service: Contact person: Telephone #: E mail:

Please describe the family dynamics:
Additional information (i.e. supervisory requirements, fears, fixations, habits, etc.)
Is the applicant stable? YES ☐ NO ☐ , explain:
Early signs of decompensation:

______________________________ ______________________________

Signature of referring agent Date

______________________________ ______________________________

Signature of Applicant Date

ASSURANCE OF COOPERATION

DO YOU OR YOUR AGENCY AGREE TO CONTINUE THE TREATMENT SERVICE OF THE APPLICANT AND TO PROVIDE CONSULTATION TO ALTERNATIVE RESIDENCES ALTERNATIVES INC. STAFF AS REQUIRED?

YES ☐ NO ☐

IF NO, STATE REASON

____ _______________________________________

Signature of referring agent Date

N.B.

Person referred to all services Alternative Residences Alternatives Inc. must be followed by a case manager or nurse on a regular basis.

Case manager and/or Nurse must be available to meet with Alternative Residences Alternatives Inc. staff as the need arise.

Exceptions to this will be evaluated by the admission committee.

Revised June 2008