



Please feel free to make additional copies and pass along to anyone that this might benefit.

**Aldersgate Special Needs Ministry
Preliminary Residential Application**

Mail to: Faye Jackson
541 Willowblue Run
Rock Hill, S. C. 29732
www.umcsc.org

(Please type or Print Legibly)

Name of Applicant: _____

Current Address: _____

Date of Birth: _____

Name of Person Completing Form: _____

Relationship to Applicant: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

FAX#: _____ E-Mail address: _____

IDENTIFY LEVEL OF MR: (check one)

- Mild
 Moderate
 Severe
 Profound

IDENTIFY ALL DISABILITIES: (check those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Blindness | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Visual Impairment | |

	Independent	W/Assistance	Total Dependent
Feeding			
Toileting			
Dressing			
Communication			

Ambulation: Ambulatory Mobile (Non-AMB) Totally Dependent
Vision: No Problem Partial Loss Total Loss
Hearing: No Problem Partial Loss Total Loss
Seizure History: None Controlled Not Controlled Isolated

Please describe current health status and list any health conditions (i.e. high blood pressure, diabetes etc.)

Is there a behavioral problem? YES NO

If YES, please VERY honestly describe how often this problem occurs and exactly what the problem is (i.e. throws, yells, runs away, or sexual problems)

Is the applicant covered by **Medicare**? YES NO

Is the applicant receiving **Social Security Benefits**? YES NO

I certify that everything on this questionnaire has been answered to the best of my ability and is accurate information concerning the applicant.

Name: _____

Date: _____