



Aldersgate Enrichment Center

Application Packet Introduction



Admissions Process:

We would like to thank you for your interest in our Residential Program at Aldersgate Enrichment Center, (AEC). You are taking the first step in a very exciting adventure that will develop, expand and enrich the life of every associate that comes to live at our Center.

Our goal is to help each individual develop and grow to their fullest potential. This is accomplished through our Residential and Vocational Programs. The Residential Program provides experience in different social situations and life skills. There will be opportunities to develop work skills and for spiritual growth. This Program builds character, dignity, pride, and self-esteem in each associate.

The admission process begins with the potential associate and their parents and/or guardians completing the following steps:

1. Reviewing the admissions criteria (found below).
2. Reviewing the cost structure.
3. Visiting Aldersgate Enrichment Center. Meeting the staff and residents and learning more about our family.
4. Completing and submitting an application. Admission to Aldersgate is dependent upon a complete assessment of the individual's abilities and the level of care that will be required to meet his or her needs.
5. Completing a financial Analysis Assessment. While every family's situation is unique, the purpose of this financial analysis is to provide a general over view of strategies parents and others can use to plan for their own futures and for those of family members with special needs. This confidential analysis is reviewed by our admissions team and all information will be kept strictly confidential.

Admissions Criteria:

Each associate must:

1. be at least 18 years of age.
2. have a primary diagnosis of a developmental disability or any cognitive challenge.
3. be in need of some assistance, supervision or coaching with activities of daily living (e.g. bathing, grooming, medication regimen, etc.).
4. have the ability to comprehend rules and regulations outlined in the Resident Associate Handbook, and be willing to comply with them
5. be able to ambulate independently on our rural campus
6. be interested in maintaining on-campus or off-campus employment
7. possess no uncontrollable behaviors

8. have the financial capacity to meet tuition costs and costs of medical co-pays etc.

Admission will not be granted to applicants who: have a criminal record, have a physical or medical disability that requires daily nursing intervention, or have a serious psychiatric impairment.

In this Admission packet, you will find several copies of a form for release of information. If there are several agencies where services have been provided, you may need to make additional copies of this form. Fill out the forms and submit them to any medical professional or organization that is, or has provided, care to the applicant. Please make sure the parent, the guardian or the associate sign the release forms as appropriate.

The Admissions Committee will need a complete record of all the services required before we can make a decision concerning trial Admission. How quickly we receive all necessary paperwork, determines how long it will take for the Admissions Committee to make a decision. We appreciate your understanding, patience and your cooperation in providing all necessary information.

The Group Home Administrator will contact you concerning the decision made by the Committee. If the Admissions Committee agrees to accept the applicant on a trial basis, an appointment will be made by AEC for you to meet with the Admissions Committee.

During the first meeting (Pre-Staffing), the Admissions Committee will address all your questions and concerns. If you and the Committee agree that our Residential and Vocational Programs are appropriate for the applicant, the applicant will be admitted for a thirty to ninety-day probationary/trial period. During the probationary/trial period, extensive assessments will be performed to evaluate the applicant's skills. This also will give the applicant an opportunity to evaluate Aldersgate Enrichment Center.

At the end of the probationary period, we will meet a second time to have the Post-Staffing. During this meeting, the Admissions Committee will discuss with you any problems or concerns that may have developed during this period. During this meeting the decision will be made to either admit the applicant into our program or discharged them. This decision will be based on what is determined to be in the best interest of the applicant.

If the decision is to enroll the associate the Committee will discuss and set goals for the associate. This will consist of setting goals in areas of living, social, vocational and personal skills. We, as a team, will develop an Individual Service Plan (ISP). The object of this plan is to develop skills that the associate doesn't presently possess.

Please feel free to contact Aldersgate Enrichment Center for further information or assistance. We look forward to visiting with you and working together to reach our common goals.

Sincerely,

Admissions Committee

Financial Policies:

The following information is provided to inform you of the financial policies of Aldersgate Enrichment Center and associated Residential Services:

Regular tuition is presently _____ per month.

1. Tuition is subject to change with a thirty (30) day written notice to parent or guardian.
2. Associates will be assessed any charges for comprehensive vocational testing and assessments/evaluation performed by outside providers. These tests, assessments and/or evaluations, if needed, will be done with the permission of the parent/guardian and are usually not necessary.
3. For an Associate entering AEC on the first through the fifteenth of the month, tuition will be charged for a full month. For an Associate entering AEC after the fifteenth of the month, tuition will be one-half of the full monthly tuition. Thereafter, the tuition will be due and payable on the first day of each consecutive month. Tuition payments made after the tenth of the month will be subject to a \$50 late charge.
4. In the event that an associate must be discharged, parents/guardians must make alternative arrangements within the first thirty days (30) after receiving the written notification of discharge, or within a time period that is agreed upon by both parties. If requested, the AEC staff will be happy to work with the parent/ guardian in attempting to find alternative placement. Failure to abide by this policy will result in assessment of actual cost per diem for the number of days the resident remains at AEC beyond the discharge date.
5. Each Associate is required, to establish a personal checking account with a local bank. The bank requires a \$100.00 deposit to open the account. A staff member will work with the Associate and may control the checkbook at the Associate's or legal guardian's request. The monthly bank statement and the Associate's check book will be balanced by a member of the AEC each month. This checking account will be used as the Associate's personal spending account. Receipts will be maintained for each check written. The associate will be given a check for their weekly spending allowance which they may spend at their discretion. The amount of the weekly allowance will be determined by the Associate and the parent/guardian upon Admission.

This account can be used to deposit the Associate's vocational pay check or deposits from any source determined by the parent or legal guardian. Monies from this account can be applied to the tuition and other personal expenses (i.e. Clothing, medicine, medical, dental, trips home, beautician/barber, etc. A monthly bank statement will be sent to the parent or legal guardian upon request. The contact person for any questions or arrangements concerning the Associate's checking account is the Housing Administrator.
6. The parent or guardian may deposit funds into the Associate's personal bank account each month and allow the Associate the opportunity to pay his or her own tuition. Arrangements should be coordinated through the Housing Administrator.
7. Aldersgate Enrichment Center is not responsible for tuition, medical, dental or other personal health costs incurred by the Associate. All medical insurance, the securing thereof and the filing of claims is the responsibility of the parents/guardians, unless other arrangements have been made with Aldersgate Enrichment Center.

After completing steps one through five on page one, above, -complete the enclosed application and return it at your earliest convenience. The Admissions Committee will review the application after we receive the

Admission forms and copies of the appropriate medical, neurological, psychological, physical therapy, occupational therapy, financial assessment information and any other related reports.

Aldersgate Enrichment Center

Application for Admission to Residential and Vocational Programs



(PLEASE PRINT OR TYPE)

Date: _____

Full Name of Applicant: _____

Address: _____

City: _____ County: _____ State: _____ Zip code: _____

Telephone: (____) _____ Age: _____ Sex: male _____ Female _____

Applicant's D.O.B: _____ Marital Status: _____ Social Security Number: _____

Primary Language: _____ IQ Score: _____

Does the applicant have Legal Guardian? ___ Yes ___ No (Please enclose a copy of the legal document)

Guardian's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel. No. _____ Work phone: _____ Cell phone: _____

Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel. No. _____ Work Phone: _____ Cell Phone: _____

D.O.B: _____

Place of Employment: _____ Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Tel. No. _____ Work Phone: _____ Cell phone: _____

D.O.B: _____

Place of Employment: _____

Siblings: Please list:

Name:	D.O.B.	Address	City	State	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency contacts: please list in order of preference the primary contact persons and their telephone numbers.

1. _____
2. _____
3. _____
4. _____
5. _____

Daily Devotional/Chapel services are provided; will this present any complications for the applicant?
Yes: ____ No: ____

From what source did you hear about Aldersgate Enrichment Center? If from friends or relatives, how did they learn of AEC?

Aldersgate Enrichment Center

Admissions Application Financial Analysis

Personal Income Received by Applicant: _

Soc. Sec. Benefits: \$ _____ SSI/SSDI Benefits: \$ _____

(Please enclose copy(s) of SS and/or the SSI/SSDI statements)

When was the last time the applicant's case was reviewed by Social Security? _____

Please list other public assistance such as AFDC, Food Stamps, Unemployment received by the applicant

Does the applicant have a Trust Fund? _____ If so, what is the amount? _____

Are there other Financial resources? Type: _____ Amount? _____

Approximate Family Income:_(Please check one)

Below \$20,000 () \$20,000 - \$39,000 () \$40,000 - \$59,000 ()
\$60,000 - \$79,000 () \$80,000 & over ()

Financial responsibility for full tuition cost is being assumed by:

Name: _____ Telephone No. _____

Address: _____ Relationship: _____

Insurance information: _

Medicare No: _____ (Please enclose copy of statement)

Medicaid No: _____ (Please enclose copy of statement)

In which state is Medicaid received? _____

Please list the company name, address and certificate or group number for the following:

Name and address of company

Certificate or group number

Health Insurance: _____

Accident Insurance: _____

Hospital Insurance: _____

Life Insurance: _____

Burial Insurance: _____

Social information:

Schools or Programs Attended:

Public School: (Last School Attended).

Name:	Address	Phone
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Special Education: (if different from above)

Name:	Address	Phone
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Day Activity (non-work setting):

Name:	Address	Phone
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Reason for leaving: _____

Vocational Training (trade school, etc.):

Name:	Address	Phone
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Reason for leaving: _____

Texas Rehabilitation Commission:

Name:	Address	Phone
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Reason for leaving: _____

MHMR Center:

Name:	Address	Phone
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Reason for leaving: _____

Private School/Programs:

Name:

Address

Phone

Reason for leaving: _____

Group/Family Care Home:

Name:

Address

Phone

Reason for leaving: _____

Assisted Independent Living Situation:

Name:

Address

Phone

Reason for leaving: _____

State School:

Name:

Address

Phone

Reason for leaving: _____

State Hospital:

Name:

Address

Phone

Reason for leaving: _____

Other Programs (explain):

Name:

Address

Phone

Reason for leaving: _____

Name:

Address

Phone

Reason for leaving: _____

State in your own words the nature of the applicant's present behavior, problems or previous difficulties (attach extra page if necessary):

Please list any criminal history or tendencies (convicted of a misdemeanor or felony crime, sexual misconduct, aggressive behavior, theft, etc.): If "yes", please explain:

Likes: Describe applicant's hobbies, special aptitudes and/or interests:

Dislikes: Foods, activities, chores, etc.

Please describe all special needs for services you wish to be provided for the applicant:

Please attach recent photograph of applicant: **Medical information:**

To be completed by Applicant's family or guardian.

1. List illnesses with approximate ages, including usual and unusual childhood diseases:

2. List names and addresses of physicians, psychiatrists, neurologist, psychologist, speech therapist, occupational therapist, physical therapist, and other specialists who have treated the applicant:

Name	Specialty	Address
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

3. List all surgeries, dates, facility and attending physicians:

Surgery	Date	Facility	Attending Physician
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

4. What is the cause of the applicant's present condition? (i.e., car accident, birth, allergic reaction to drugs/medications, etc.)

5. Has applicant ever had seizures? _____ Yes _____ No

6. Is applicant currently subject to seizures? _____ Yes _____ No

If "yes" please explain what type, how often, and what medication is being taken:

7. Does the applicant have problems with vision? _____ Yes _____ No

If "yes" please explain: _____

Date of last eye exam: _____

8. Does the applicant wear glasses? ___ Yes ___ No If yes, does he/she have a second pair for emergencies? ___

9. Do you want AEC to make regular eye appointments? ___ Yes ___ No ___ I prefer to handle myself.

10. Do you want AEC to make regular dental appointments? ___ Yes ___ No ___ I prefer to handle this myself.

If "yes" how often? _____ Date of last dental exam: _____

11. Does applicant have a hearing impairment? _____ Yes _____ No

If "yes" please explain: _____

Date of last hearing test: _____ If applicant has a hearing aid, is it insured for repair/loss? ___ Yes ___ No

If "yes" please enclose a copy of the insurance document.

12. Has applicant had any Hepatitis Vaccines? ___ Yes ___ No If Yes, type: _____ Date: _____

13. Does applicant require assistance to take medication? (Explain):

14. Does applicant have a health condition which would require special attention, facilities and/or equipment to productively participate in a residential or vocational setting? If "yes", describe disability and special needs:

15. Has the applicant ever been involved with the following?

_____ Tobacco Presently using? _____ Yes _____ No Type? _____

If so, how often? _____

Drug abuse? _____ Recovery status: _____

Alcohol abuse? _____ Recovery status: _____

16. Has the applicant ever received any of the following?

If yes, please include copies of the reports.

	Yes	No	Dates	Name of Professional	Voluntary?
Psychological Evaluation	_____	_____	_____	_____	_____

Individual/Group Counseling	_____	_____	_____	_____	_____
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Psychiatric Evaluation/Therapy	_____	_____	_____	_____	_____
--------------------------------	-------	-------	-------	-------	-------

Psychiatric Hospitalization	_____	_____	_____	_____	_____
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17. Is there a family history of mental retardation and/or mental illness?

____ Yes ____ No if yes, please describe: _____

18. Any known allergies (food, medicine, animals, plants, and etc.): _____

19. What type of allergy shots or medications is the applicant presently taking, if any?

Aldersgate Enrichment Center

Application for Admission

Vocational History

Please complete the following information regarding the applicant for Vocational Services. Describe all types of work experiences, including volunteer work. Any vocational reports and/or employers' letters of reference would be useful.

Please provide names and addresses of former employers. Begin by listing the most recent first.

Employers name:

_____ address _____ telephone no. _____

duties performed: _____

name of supervisor: _____

dates employed: _____

pay at termination: _____

reason for leaving: _____

Employers name: _____ address _____ telephone no. _____

duties performed: _____

name of supervisor: _____

dates employed: _____

pay at termination: _____

reason for leaving: _____

Employers name:

_____ address _____ telephone no. _____

duties performed: _____

name of supervisor: _____

dates employed: _____

pay at termination: _____

reason for leaving: _____

Employers name:

_____ address _____ telephone no. _____

duties performed: _____

name of supervisor: _____

dates employed: _____

pay at termination: _____

reason for leaving: _____

Did you receive job placement assistance from a rehabilitation service to secure and support any of these jobs?
Please explain:

Has applicant ever received Worker's Compensation benefits? If yes, describe:

Vocational references	address	telephone no.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Describe applicant's desire to apply for admission to Aldersgate's Vocational Training Program and the applicant's goals to be strived for while participating in the program.

Aldersgate Enrichment Center

Admissions Application

Medical Evaluation



TO BE COMPLETED BY PHYSICIAN: 30 days prior to move in date or no later than 14 days after admission into residential program.

Patients Name: _____ Age: _____ Sex: _____

Wt: _____ Ht: _____ BP: _____

Allergies: _____

Medical History (attach a separate sheet if necessary):

General Appearance:

Eyes: _____

Ears: _____

Nose: _____

Skin: _____

Mouth: _____

Neck: _____

Chest: _____

Breasts: _____

Lungs: _____

Heart: _____

Abdomen: _____

Genitalia: _____

Rectal: _____

Extremities: _____

Neurological:

Description of specific physical impairments, physical limitations, and orthopedic impairments
Please include any restrictions for physical activity:

The following tests and/or inoculations required prior to admission.

Hepatitis B profile: _____ Date _____ VDRL: _____ Date _____

HIV: _____ PPD: _____

Tetanus Booster: _____

Chest X-Ray: _____ Results: _____

Other pertinent lab results:

List current medications, dosage, and frequency:

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name: _____

Physician's Signature: _____ Date: _____

Aldersgate Enrichment Center

Application for Admission

Authorization for Release of Psychological Evaluation Information

This form is for your use in obtaining the results of a current psychological evaluation. This evaluation should have been administered during the past twenty-four (24) months. **The Wechsler Adult Intelligence Scale** is required as it correlates with the comprehensive evaluation conducted upon admission. The AAMR Adaptive Behavior Scale is preferred but other tests of adaptive behavior are permissible.

I hereby consent to and authorize _____

Address: _____ telephone # _____

To release a copy of the above stated psychological evaluation regarding

Applicant's name: _____

Address: _____

D.O.B _____ -

to Aldersgate Enrichment Center, P.O. Box 1406 Brownwood, TX 76804. I understand that these records are being released for the purpose of determination of eligibility for services with Aldersgate Enrichment Center Residential Services and Vocational Programs.

Signatures: Applicant: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Aldersgate Enrichment Center

Application for Admission

Authorization for Release of Information

I, _____, hereby authorize _____
(Applicant/Legal Guardian)

_____ to release my personal information, my medical records or information concerning my medical records to Aldersgate Enrichment Center, P.O. Box 1406, Brownwood, Texas 76804.

Name of disclosing agency: _____ Address _____

For the specific purpose of: _____
(Use Specific Reason for the Release of Information)

I understand that I may revoke this consent at any time. I understand that refusal to release this information will disqualify the applicant from Admission in Aldersgate Enrichment Center.

I further understand that this consent will expire one year from the date of my signature and can not be renewed without my written consent.

EXPIRATION DATE: _____

Signature of Applicant

Date

Signature of Parent/Legal Guardian

Date

Signature of Witness

Date

Aldersgate Enrichment Center

Application for Admission

Parental/ Guardian/Associate Agreement:

1. I understand Aldersgate Enrichment Center promotes growth in each Associate in their living, social and vocational skills as well as their spiritual development. No doctrine will be taught, but it is the policy of AEC that each Associate will participate in Chapel Service and daily devotionals each morning before starting work.
2. I authorize Aldersgate Enrichment Center to obtain information regarding the applicant's disability, education, training, medical and work histories.
3. I understand only persons identified in the Policies of Confidentiality of Aldersgate Enrichment Center are authorized to have access to the confidential information provided in the application process.
4. I understand the initial admission to Aldersgate Enrichment Center's Residential and/or Vocational Training Programs is probationary in nature. to determine appropriateness of the admission. Furthermore, it is understood that continued admission to the programs are contingent on the applicant's interest, behavior, and cooperation with the training goals of the Aldersgate Enrichment Center's Residential and Vocational Training Programs.
5. I understand the applicant is expected to actively participate in all projects and training assigned, and to demonstrate positive attitudes in both the Residential and Vocational Programs.
6. I understand wages paid for work time is computed in compliance with minimum wage, (OR) the prevailing industrial wage rate, (OR) on a piece rate basis according to regulations of the Department of Labor and Standards - Wage and Hour Section.
7. I affirm the attached and/or solicited information is a complete and true statement of all the facts and circumstances relative to this person's application for Admission in Aldersgate Enrichment Center's Residential and Vocational Programs.

Applicant's signature: _____

Parent/Legal Guardian: _____

Date: _____ Aldersgate

Enrichment Center
Application for Admission
Permission to Use Facilities and
Release from Responsibility and Liability

I, _____, (Parent/Legal Guardian) or _____, (Associate's Name)

request that _____ (Associate's Name) be allowed to attend and participate in off-campus activities (i.e., sports events, choir trips, leisure activities, field trips, and religious services, etc.).

I also agree that I will not hold Aldersgate Enrichment Center liable for accidents/injuries or death incurred while _____ (Associate's Name) is a Resident of the Aldersgate Enrichment Center.

Associate's Signature

Date

Parent/Legal Guardian Signature

Date

