

## *Branching Out, LLC Application Packet*

To complete the application process, please include:

- \_\_\_\_\_ Branching Out 5 page application (included) and application fee
- \_\_\_\_\_ Copy of Applicant's Birth Certificate
- \_\_\_\_\_ Copy of Applicant's Social Security Card
- \_\_\_\_\_ Copy of Applicant's Health Insurance Card
- \_\_\_\_\_ Copy of most recent physical
- \_\_\_\_\_ Educational and psychological tests are welcomed, however, not required.





**Applicant Educational Information:**

**Please list all schools the applicant has attended from 9<sup>th</sup> through 12<sup>th</sup> grade. Also include colleges or other relevant educational programs.**

School Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level Achieved or Diploma or Degree \_\_\_\_\_

School Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level Achieved or Diploma or Degree \_\_\_\_\_

School Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level Achieved or Diploma or Degree \_\_\_\_\_

**Applicant's Work History:**

Name of Organization, Address and Phone Number	Job Title	Dates (from-to)	Reason for Termination	Paid or Volunteer

**Other Applicant Information:**

**Please list all counselors and therapist who have seen applicant**

Name \_\_\_\_\_ Nature of Service \_\_\_\_\_

Address \_\_\_\_\_ Age Seen \_\_\_\_\_

Name \_\_\_\_\_ Nature of Service \_\_\_\_\_

Address \_\_\_\_\_ Age Seen \_\_\_\_\_

**Medical and Additional Information:**

Name of Current Physician: \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Do you have any active medical diagnosis conditions? \_\_\_\_\_

Has applicant ever lived away from home? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

Any adjustment difficulties: \_\_\_\_\_

Any medical condition that would prohibit you from living in your own apartment? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Does this applicant have any history of mental illness? \_\_\_\_\_

Does this applicant have any unusual or special dietary/nutritional needs which would require other than a normal diet? Please explain \_\_\_\_\_

Current Medications: \_\_\_\_\_ Does applicant self-administer? \_\_\_\_\_

List specific LD diagnoses? \_\_\_\_\_

Current IQ and date last tested? \_\_\_\_\_

Please indicate any problems in the following areas:

Motor Development and functioning: \_\_\_\_\_

Sensorimotor Functioning: \_\_\_\_\_

Speech, hearing or language functioning: \_\_\_\_\_

Visual Functioning: \_\_\_\_\_ Does applicant wear glasses/contact: \_\_\_\_\_

Oral Health/Hygiene \_\_\_\_\_ Date of most recent dental appointment: \_\_\_\_\_

## Roommate Request

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Is the applicant interested in living alone or with a roommate? \_\_\_\_\_

If requesting to live with roommate, do you have someone already lined-up? \_\_\_\_\_

If yes, name and phone number of potential roommate: \_\_\_\_\_

Will potential roommate also be requesting services from Branching Out? \_\_\_\_\_

Are you interested in having Branching Out connect you with potential roommate? \_\_\_\_\_

## Applicant Characteristics

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**Please rate the applicant on the following characteristics on a scale of 1 to 5 (1 being the lowest)**

General:

Initiative \_\_\_\_\_ Motivation \_\_\_\_\_  
Reliability \_\_\_\_\_ General Attitude \_\_\_\_\_

Interpersonal (Ability to Relate to):

Peers with LD \_\_\_\_\_ Peers without LD \_\_\_\_\_  
Teachers/Work Supervisors \_\_\_\_\_ Children \_\_\_\_\_

Decision Making (Ability to):

Make every day decisions using good judgment \_\_\_\_\_  
Act in emergency using good judgment: \_\_\_\_\_  
Use people as a resources, ask for help when necessary \_\_\_\_\_

Emotional Adaptability (Ability to):

Cope with stress: \_\_\_\_\_  
Adjust well to new situations: \_\_\_\_\_  
Separate own problems from problems of others (avoid taking everything personally): \_\_\_\_\_

Time Management Organization (Ability to):

Attend to daily schedule (arrives on time etc): \_\_\_\_\_  
Plan and carry out activities: \_\_\_\_\_  
Prioritize: \_\_\_\_\_  
Keep track of belongings: \_\_\_\_\_

## Statement of Authenticity

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Name of person completing application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

I certify that all the information in this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date