

APPLICATION FOR ADMISSION

Applicant's Name: _____ Today's Date: _____

Address: _____ Date of Birth: _____

_____ Circle One: M or F

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Legal Guardian/Advocate: (Circle)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

APPLICANT INFORMATION:

Education: (Last Grade Completed): _____

Diagnosis/es: _____

Allergies: Food _____ Drugs _____

Other _____

ABILITIES/NEEDS:

Walk independently Yes _____ No _____

Wheelchair: Power _____ Manual _____

Turns Self in Bed: Yes _____ No _____

Self-care at toilet Yes _____ No _____

Dresses Self: Yes _____ No _____

Feeds Self: Yes _____ No _____

Verbal: Yes _____ No _____

Special Appliances: Yes _____ No _____

Transfers: Independent _____ Assisted _____

Total Care _____

Personal Hygiene: Independent _____ Assisted _____

Total Care _____

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SERVICE HOURS:

Are you presently receiving personal care services? Yes ___ No ___

If "yes", please complete the following:

I currently receive _____ hours/day of personal care. The personal care hours are scheduled as follows:

These hours are provided by _____

The hours are funded by Medicaid _____ Other _____

Merica House is a congregate living arrangement and any personal care hours for which you are eligible may be shared by all residents.

INCOME SOURCES:

SSA ___ SSI ___ Medicaid ___ Medicare ___ Other ___

I understand that in order to live at Merica House, I must qualify for low or moderate income housing under Housing and Urban Development (HUD) regulation 24 CFR 92.203. As proof of qualification, I must provide 2 months of source documents indicating my annual income. Proof of income will be required for each year I live at Merica House.

Merica House qualifies as affordable rental housing under HUD regulation 24 CFR 92.252. A rental lease agreement will be provided. Both a security deposit and a move-in fee will be due on signing the lease agreement. Residents are encouraged to apply for the Section 8 Tenant-Based Assistance: Housing Choice Voucher Program.

OTHER DOCUMENTS:

Living Will Yes _____ No _____

Advanced Directives Yes _____ No _____

Durable POA Yes _____ No _____

POA Health Care Yes _____ No _____

I understand that my application will be reviewed by the Board of Directors of The Alliance for the Physically Disabled, Inc. I will have the opportunity to meet with representatives from the Board and the residents to answer any questions which either of us might have.

Signature: _____ Date: _____

INFORMATION SHEET

RENT:

Private Room (if available): \$850/month

Shared Room with 1 Roommate: \$425/month each

Security Deposit \$_____ (half the rent)

Move-In Fee \$_____ (payable to Skyline Plaza Condominium)

FOOD:

Each tenant contributes \$150.00/month to the food fund. Tenants are encouraged to participate in the purchasing choices.

TELEPHONE:

A private line is the responsibility of each resident.

TELEVISION:

Cox cable is available. Residents using cable will be charged \$___/month. Internet/Wi-Fi is included.

OTHER QUESTIONS OR CONCERNS:

Merica House is the first community-based housing project of The Alliance for the Physically Disabled, Inc. Any day-to-day problems should be addressed to the Resident Services Coordinator (on site 40 hours per week). Any problems that cannot be resolved by him/her will be brought to the attention of the Board of Directors of the APD. Any tenant is free to contact a board member at any time.

Rev: 02/2023 (Approved)