



APPLICATION PROCESS

The decision to enroll in a life-long residential community is significant one. The Casa de Amma application process reflects this. Admissions decisions are made based on the “goodness of fit” between the applicant and the program. In order to establish this, the following information is required:

- **Recent psycho-education battery that includes a cognitive evaluation, academic assessment and projective testing.**
- **Reports from the most recent program attended**
- **Three personal and academic/employment references**
- **Completed application form from families**
- **Completed application form from applicant which should demonstrate a willingness on the part of the applicant to become involved in the program**

Once the above information is received and reviewed a decision will be made if the applicant will be invited for the next stage of the process which will include an on site interview and several day visit.

During the interview, the applicant will tour the facility and the specifics of the program will be outlined. The applicant and his family will have an opportunity to discuss any questions or concerns they may have. Upon successful completion of the interview process, a multi day visit will be scheduled. This visit will allow the applicant to participate in a typical day at Casa de Amma. The applicant will have an opportunity to view the program first hand and the staff will have the opportunity to determine the applicant's response to the program and its offerings.

CASA DE AMMA
APPLICATION FOR ADMISSION

Applicant Information:

Date of Application: _____
Name of Applicant: _____
(Last) (First) (Middle) (nick name)
Address: _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Fax: _____
Sex: M ___ F ___ D.O.B. _____ Citizenship: _____
Social Security Number: _____

Family Information:

Name of Father: _____
(Last) (First) (Middle)
Social Security Number: _____
Address (if different from above): _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____
Email: _____ Fax: _____
Occupation: _____

Name of Mother: _____
(Last) (First) (Middle)
Social Security Number: _____
Address (if different from above): _____
City/Town: _____ State: _____ Zip Code: _____
Home Phone: _____ Business Phone: _____
Email: _____ Fax: _____
Occupation: _____

Parents Relationship (check all that apply):

Married Divorced Separated
 Mother Remarried Mother Deceased Father Remarried Father Deceased

Name of Stepmother: _____ Stepfather: _____

With whom does the applicant primarily reside? _____

Other children in family:

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Please indicate any family situation of which we should be aware:

Referral Information:

Who referred you to Casa de Amma or how did you learn about the program?

Name: _____ Relationship: _____
(consultant, physician, friend etc.)

Address: _____

Phone: _____ Email: _____

Applicant Education/Prior Program Information:

Name of current program (if any): _____

Program contact: _____ Position: _____

Program address: _____

City/Town: _____ State: _____ Zip Code: _____

Former Schools or Programs Attended:

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Has the applicant ever been dismissed or suspended from any program? Y N

If yes, please state the circumstances and date: _____

Medical Information:

Is the applicant now, or has the applicant been inder the care of a psychologist, psychiatrist or other professional counselor?
If yes, please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

What diagnoses have been given in regard to applicant's learning disability? _____

What is the applicant's medication history (current and past)? _____

Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings? Y N

If yes, please describe: _____

Financial Information:

Individual(s) responsible for financial support of applicant: _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Other responsible parties (if applicable): _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Signature of Applicant: _____ Date: _____

Signature of Financially Responsible Party: _____ Date: _____

Please include a \$50.00 Application Processing Fee.

PARENTAL/GUARDIAN STATEMENT:

On a separate sheet, please describe your hopes and realistic goals for the applicant's future. How will living at Casa de Amma help in the attainment of these goals?

Please describe the applicant's areas of strength and how he/she will be an asset to the Casa de Amma community.

Please describe the applicant's challenges in the following areas:

Social	Accepting directions
Employment	Staying Focused
Relationships	Grooming
Anger Management	Use of transportation
Independence	Money Management or Purchasing Skills
Use of free time	Cooking and kitchen skills

APPLICANT STATEMENT:

On a separate sheet, please answer the following questions. You may hand write or type the answers.

Why do you want to live at Casa de Amma?

What are some of your interests and hobbies?

What job experience have you had? What would you like to do for work in the future?

What is your disability as you understand it?

What is your greatest strength?

Why would you be a great addition to the Casa de Amma community?



Casa de Amma admission decisions are made without regard to gender, ethnicity, nationality, creed, or religion.