



HEARTBEET LIFESHARING, INC.

218 Town Farm Road, Hardwick, Vermont 05843

Tel: 802-472-3285 Fax: 802-472-6863

info@heartbeet.org

APPLICATION FORM

(Please print or type)

Name of Applicant			Date of Application		
Last	First	Middle	Month /	Day /	Year
Date of Birth / / Month Day Year		Place of Birth			
Social Security Number - -			Space For Photo (required)		
Mother's Name: _____					
Address: _____ _____ _____					
Tel. No.: _____					
Fax No.: _____					
Email Address: _____					
Father's Name: _____					
Address: _____ _____ _____					
Tel. No.: _____					
Fax No.: _____					
Email Address: _____					

Heartbeet Lifesharing, Inc. is a Christian, non-denominational community which does not discriminate against any person on the basis of race, color, sex, sexual orientation, creed or national origin.

THE PRESENT

Current life situation (where and with whom do you now live?): _____

Reason for inquiry: _____

Family Circumstances (Siblings? Intact primary family? Single parent? Or: _____

Please tell us about your specific disability and special needs: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Seizures? Yes/No Please describe: _____

Please describe self-care skills and needs (washing, bathing, dressing, tooth-brushing, eating, toileting, etc.): _____

Please describe communication skills and needs (Speech? Hearing? Vision?): _____

Relationship to others, social skills and needs: _____

Describe level of sexual awareness: _____

Describe any self-abusive or sexual behavior disorders or problems (If yes, please explain):

Orientation in space and time: _____

Describe special interests, hobbies and free time activities: _____

Describe any special interests, abilities, talents, etc.?: _____

Describe any idiosyncrasies, taboos, obsessions, fears: _____

Do you have or display any aggressive/manipulative or abusive tendencies (tempers, outburst, violence to self and/or others)?: _____

Are there any other forms of anti-social or aggressive behavior? _____

Sense of danger? _____

Able to read and write? Yes / No

Tell the time: Yes / No

Use the telephone: Yes / No

Deal with money: Yes / No

Describe general health and sleep habits: _____

Describe relationship to pain and illness: _____

Allergies? Yes / No If yes, please describe: _____

Special diet or dietary restrictions? Yes / No If yes, please describe: _____

Are there any special medical conditions we should know about? _____

Relation to work (work interests, attitudes and habits, work tolerance, skills and limitations):

HISTORY

When was a disability first apparent or suspected? _____

Diagnosed with Developmental Disability prior to age 21? Yes / No At what age? _____

EDUCATION

Schools Attended

Location

Dates Attended

EMPLOYMENT HISTORY

Please list positions held beginning with the most current.

Employer

Location

Job Description

Dates

(If you have anything more to add, please use additional pages as needed)

BIOGRAPHICAL INFORMATION

Please give a brief narrative description. Include early history, family relationships, important life experiences, etc., anything that you think is relevant to help us know and understand who _____ is. (If you need more space, feel free to add additional pages).

I hereby certify that all the information provided in this application is factual and true.

Applicant Signature

Signature of person filling out the form and relationship to applicant

Name of person filling out the form (please print)

Address of person filling out the form

Telephone numbers of person filling out the form:

Home: _____ Work: _____ Cell: _____

Email address of person filling out the form

Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor Heartbeat Lifesharing's compliance with the Equal Employment Opportunity Act.

You are not required to furnish this information, but are encouraged to do so.

The law requires that Heartbeat Lifesharing may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations Heartbeat Lifesharing is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Latino or Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Non-Latino or Non-Hispanic |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Male |
| <input type="checkbox"/> White | <input type="checkbox"/> Female |
| <input type="checkbox"/> Other | |

I do not wish to furnish this information