



Living Independently Forever, Inc

Thank you for your interest in Living Independently Forever, Inc. The decision to enroll in an independent residential community is a significant one. The LIFE process reflects this. Admissions decisions are made based on the “compatibility fit” between the applicant and the program. In order to establish this, we have created the following admissions process:

1. Please complete the application and submit it to LIFE, Inc. with a non-refundable Application fee of \$450. This fee also includes the cost of a two day Assessment Visit on our Mashpee site, which will assist us all in determining the appropriate “fit” for your child.
2. Please submit the following documents:
 - ❖ Recent (within 2 years) psycho-education battery that includes a cognitive evaluation, academic assessment, and projective testing.
 - ❖ Current physical from family physician with a copy of current immunization records
 - ❖ Reports from the most recent program attended
 - ❖ Three personal and academic/employment references – Using the attached form, these should *not* be completed by family members, but should include teachers, guidance counselors, staff from previous programs, etc. Please include a stamped envelope addressed to LIFE, Inc. when asking individuals to complete them on behalf of the applicant. This will assist the person filling out the Recommendation Form in returning the form to LIFE.
3. Interview and Evaluation: When the above information is received, a two day assessment visit will be scheduled to take place in Mashpee. This will allow the applicant to participate in a typical day at LIFE, and staff will have the opportunity to determine the applicant’s response to the program and its offerings. The visit will consist of activities like money management, employment, and social interactions. The candidate will have a chance to demonstrate his/her life skills – cooking, laundry, shopping, personal hygiene, etc.

LIFE, Inc admits residents of any race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to residents at LIFE. It does not discriminate on the basis of sex, race, color, religion, sexual orientation, national or ethnic origin in the administration of its educational programs, admissions policies, scholarship, or other organization administered programs.

Please mail the completed application, deposit and related documents to:

Living Independently Forever, Inc.
Attention: Admissions
550 Lincoln Rd. Ext., Hyannis, MA 02601
(Phone) 508-790-3600 (Fax) 508-778-4919
admissions@lifecapecod.org

Date of Application: _____

Applicant Information

Name: _____
(First) (Middle) (Last) (Nickname)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

Sex: M _____ F _____ Citizenship: _____

Date of Birth: _____ Social Security Number: _____

Family Information

Name of Father: _____
(First) (Middle) (Last)

Street Address if different from applicant: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____ Fax: _____

Occupation: _____

Name of Mother: _____
(First) (Middle) (Last)

Street Address if different from applicant: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

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 the 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 *Living Independently Forever, Inc.* 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 school/program: _____

Projected school/program completion date (if applicable): _____

School/Program contact: _____ Position: _____

School/Program address: _____

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

Telephone: _____

Does your child receive support services (speech/language, OT, PT)? Yes _____ No _____

If yes, please list and describe::

Former Schools or Programs Attended

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Has the applicant ever been dismissed or suspended from any program? Yes _____ No _____

If yes, please describe the circumstances and date:

Medical Information

Is the applicant now, or has the applicant been under 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 the applicant's 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? Yes _____ No _____

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: _____

Signatures

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant: _____ Date: _____

Signature of Financially Responsible Party: _____ Date: _____

APPLICANT STATEMENT

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

1. Why do you want to live at LIFE?
2. What are some of your interests?
3. What job experience have you had? What would you like to do for work in the future?
4. What is your greatest strength?
5. Why would you be a great addition to the LIFE community?
6. How do you like to spend your free time?

PARENTAL/GUARDIAN STATEMENT

On a separate sheet, please answer the following questions:

1. Describe the applicant's educational development. What are his/her current needs in this area?
2. Describe the applicant's social and emotional development. What are his/her current needs in this area?
3. Please describe the applicant's areas of strength, and how he/she will be an asset to the LIFE community.
4. What are your hopes and goals for the applicant's future? Describe any areas of concern.
5. Please describe the applicant's ability to manage life skills (self-care, chores, laundry, money management, etc.)

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Applicant Recommendation Form (Submit 3)

Name of Applicant: _____

Person Completing Form _____

Relationship: _____

Years Known Applicant: _____ Date: _____

Please rate the applicant in the following areas using the following scale (1 = Low, 5 = High):

Initiative	1	2	3	4	5
Motivation	1	2	3	4	5
Reliability	1	2	3	4	5
Self-Advocacy	1	2	3	4	5
General Attitude	1	2	3	4	5
Self-Sufficiency	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5
Ability to relate to teachers/staff	1	2	3	4	5
Ability to attend to daily schedule	1	2	3	4	5
Ability to make decisions	1	2	3	4	5
Ability to react in an emergency/follow health, safety rules	1	2	3	4	5
Ability to use people as resources	1	2	3	4	5
Emotional stability	1	2	3	4	5
Ability to cope with stress	1	2	3	4	5
Ability to adjust to new situations	1	2	3	4	5
Ability to separate own problems from those of others	1	2	3	4	5

Strengths of the applicant:

General comments and concerns: _____
