



Application Process

The decision to enroll in a life-long residential community is a significant one. Our application process reflects this. Admissions decisions are based on the “goodness of fit” between the potential resident and Stephen’s Place.

In order to establish this, we require the following information:

- ✓
 - Completed Application for Admission
 - Completed Parental/Guardian Statement
 - Completed Applicant Statement that should demonstrate a willingness on the part of the applicant to become involved in the community
 - Completed Health Information Questionnaire
 - Most recent Physician’s Assessment
 - Reports from the most recent program attended by Potential Resident
 - Picture of Potential Resident

Once the above information is received, the following process for Admissions begins:

1. Complete and turn in the application for admissions (including all requested documents, records, picture, and deposit).
2. Application will be reviewed by Stephen’s Place to determine completion and fit in the community.
3. Once application is completed and the administration approves the next step, an in-home interview with the Potential Resident will be scheduled.
4. After the in-home visit is reviewed, a determination is made to the fit for our community. If the determination is to proceed to residency, the multi-day visit is scheduled. The Potential Resident will stay in one of our model units and participate in all offered programming, meet the other residents, the Stephen’s Place team, and experience life in our community.
5. After the multi-day visit, Stephen’s Place admissions committee will determine if the Potential Resident is accepted. If accepted, move-in materials will be mailed and a tentative move-in date will be scheduled.
6. All move-in materials must be completed prior to the move-in date.
7. New Resident moves in!



Stephen's Place Resident Guidelines for Application

Stephen's Place is a state-of-the-art residential community providing housing and support for semi-independent adults with complex language, learning, and cognitive disabilities. It is our hope that residents will consider Stephen's Place their long-term home. In that spirit, we look to nurture independence and create a strong community among our residents.

We strive each day to support our residents in achieving their goals. This support may include minor physical assistance, money management, household management, job coaching, nutrition, and daily tasks. Our residents will always be treated with compassion, dignity and respect. Our team is committed to providing the assistance needed for every resident to reach their full potential.

To help create the unique community we envision, we developed the following eligibility:

- Potential Resident must be a mature adult with a primary diagnosis of complex learning and/or developmental disability. This may include Autism, Cerebral Palsy, Down Syndrome and other similar conditions.
- Potential Resident has mastered basic grooming and hygiene skills.
- Potential Resident has no past illegal activity or substance abuse.
- Potential Resident may require minor physical assistance. This may include help with mobility, medication, and activities of daily living.
- Potential Resident should respond to a structured, positive and routine environment.
- Potential Resident may have been isolated from friendships, family and peers because of inadequate social skills.
- Potential Resident must have social skills that are appropriate to live in a community of semi-independent peers.
- Potential Resident and/or family must be able to pay expenses solely as private-pay.



STEPHEN'S PLACE
APPLICATION FOR ADMISSION
(STRICTLY CONFIDENTIAL)

APPLICANT INFORMATION:

Date of Application: _____

Name of Applicant:

(Last)	(First)	(Middle)	(Nickname)
--------	---------	----------	------------

Address: _____

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

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Sex: M ___ F ___ D.O.B. _____ Citizenship: _____

Social Security No. _____

FAMILY INFORMATION:

Name of Father:

(Last)	(First)	(Middle)
--------	---------	----------

Social Security No. _____

Address (if different from above):

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

Home Phone: _____ Cell/Business Phone: _____

Email: _____ Fax: _____

Occupation: _____



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

Social Security No. _____

Address (if different from above): _____

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

Home Phone: _____ Cell/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: _____

Does the applicant have a legal guardian or conservator? Y N

If yes, please provide the name and information of the legal Guardian and/or Conservator, as well as a copy of the legal document giving such authority. Any other legal court ordered relationships need to be listed on a separate piece of paper with legal documentation attached.

Name: _____ Guardian or Conservator: _____

Address: _____

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

Phone: _____ Email: _____



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

We give permission for Stephen's Place to send information and invitations to the above family members/guardians/conservators: Y N

REFERRAL INFORMATION:

Who referred you to Stephen's Place or how did you learn about the program?

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

May we send a thank you to this individual? Yes No

Other: Online _____ Marketing _____

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 under the care of a psychologist, psychiatrist or other professional counselor/mental health professional? _____

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 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:

Please call or email Connor Kavanaugh to review Financial Information for the Stephen's Place Application. To respect the privacy of our potential families, Connor completes a confidential financial assessment.

Connor Kavanaugh, Palladio Group

Phone: 503.928.3851

Email: connor@palladioplanning.com

UNIT TYPE:

1st Choice: _____ Studio _____ Standard One-Bedroom _____ Premium One-Bedroom

Please list the specific room number you are requesting as your first choice: _____

2nd Choice: _____ Studio _____ Standard One-Bedroom _____ Premium One-Bedroom

Please list the specific room number you are requesting as your second choice: _____

Anticipated date you would like to begin occupancy (circle one):

ASAP 3-6 months 6-12 months 1-3 years 3-5 years



I hereby certify under penalty of perjury that the information contained in this confidential application accurately reflects my/our financial condition. I/we agree to provide any additional information that Stephen's Place may reasonably require. I/we understand that if any of the information contained in this application is materially inaccurate, my/our reservation may be subject to cancellation. I/we give my permission for any necessary verification.

Signature of Applicant: _____

Date: _____

Signature of Financially Responsible Party: _____

Date: _____

*****Please include a \$50 application fee made payable to Stephen's Place*****

Breakdown of Stephen's Place Move-In Costs:

- 1. Prior to becoming a resident (non-refundable): \$2,500 which includes the in-home visit, nurse assessment, room hold, Stephen's Place multi-day visit.**
- 2. If accepted as a resident: \$2,500 is a non-refundable move-in fee, and \$5,000 is a refundable security deposit upon move-out, (less any repair/damage expenses).**



Stephen's Place Applicant Statement

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

1. Why do you want to live at Stephen's Place?
2. What are some of your interests and hobbies?
3. What job experience have you had? What would you like to do for work in the future?
4. What is your disability as you understand it?
5. What is your greatest strength?
6. Why would you be a great addition to the Stephen's Place community?



Stephen's Place Parental/Guardian Statement

1. On a separate sheet of paper, please describe your hopes and realistic goals for the applicants' future.
2. How will living at Stephen's Place help in the attainment of these goals?
3. Please describe the applicants' areas of strength, and how he/she will be an asset to the Stephen's Place community.



Health Information Questionnaire

(STRICTLY CONFIDENTIAL)

ALL QUESTIONS ARE RELATING TO THE APPLICANT:

Are you capable of living in your own, apartment, semi-independently? ___Yes ___No ___Unsure

1. Please describe any medication that you are presently taking or have taken in the last six months:

2. Do you manage your own medication or do you require assistance? Please describe.

3. Please explain any major changes in your health in the past two years.

4. Please state any chronic illness or additional disability that you have (cancer, neurologic disease, infectious disease, etc).

5. Please explain any hospitalization that has occurred in the past three years.

6. Please describe any issues with mobility.



7. Please describe any treatment you have had for emotional or mental illness.

8. Please give name, address and telephone number of primary physician.
