



757.622.2208 • 800.237.6555
6171 Kempsville Circle, Norfolk, VA 23502
SaintMarysHome.org

INITIAL APPLICATION (attach a recent photo, if available)
please print

INDIVIDUAL'S INFORMATION

Name: _____
First Middle Last Nickname

Date of Birth: _____ Race: _____

☐ Male ☐ Female Social Security Number: _____

Medicaid Number: _____

Address: Street _____

City _____ State _____ Zip _____

LEGAL GUARDIAN(S)

1. Name: _____

Phone: _____
home work cell

Email: _____

2. Name: _____

Phone: _____
home work cell

Email: _____

How did you find out about St. Mary's Home?

☐ Doctor ☐ Social Worker ☐ School ☐ Case Manager ☐ Hospital/Care Connection
☐ Friend ☐ Social Media ☐ Website ☐ Other _____

MEDICAL INFORMATION

Individual's Primary Diagnosis _____

Current prescribed medications: _____

Diet – individual eats by: ☐ Mouth ☐ Feeding Tube Both

Equipment: What medical equipment does the individual currently use? (examples – feeding pump, apnea monitor, supplemental oxygen, pulse oximetry, nebulizer)

Does the individual have a tracheostomy? ☐ yes ☐ no

SENSORY INFORMATION

Is the individual sensitive to (check all that apply):

☐ noise ☐ sounds ☐ light ☐ touch ☐ movement/handling

Is the individual easily upset? ☐ yes ☐ no

Is the individual slow to calm? ☐ yes ☐ no

If yes, what triggers the upset and what works to calm the individual? _____

Does the individual have any difficulty tolerating any part of the daily routine? (examples – dressing, bathing, handling, feeding, mouth care, etc.) ☐ yes ☐ no

If yes, please describe: _____

Does the individual have self-stimulation behaviors? (examples – rocking, hitting self, biting self, repetitive actions, screaming) ☐ yes ☐ no

If yes, please describe: _____

Does the individual hit others? ☐ yes ☐ no

Does the individual injure others by any other means? ☐ yes ☐ no

If yes, please describe: _____

Does the individual take (or has ever taken) medication to help with behavior? ☐ yes ☐ no

Does the individual chew on inappropriate items? (examples – bedding, clothes, equipment)
☐ yes ☐ no

Are the behaviors listed above ☐ predictable ☐ unpredictable

Does the individual need (or has ever needed) any devices to control behavior? (examples – arm/elbow splints, helmet, mitts, gloves) ☐ yes ☐ no

If yes, please describe: _____

When are/were these used? _____

Are/were they effective? ☐ yes ☐ no

Does the individual have (or has ever had) skin irritation to hands from mouthing? ☐ yes ☐ no

MOBILITY INFORMATION

Does the individual move independently around the house? ☐ yes ☐ no

If yes: ☐ walking ☐ crawling/creeping

Please describe any other means of independent mobility: _____

INSURANCE INFORMATION:

Company: _____

Name on Policy: _____

Policy #: _____ Group #: _____

Consent to take photographs of applicant during the pre-admission process:

yes

no

Printed name of legal guardian

Signature

Date

Printed name of legal guardian

Signature

Date

For office use only

Application received by

Date