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Rainbow Homes Respite/Camp Information and Application

Date Completed _____

The information requested below is necessary to determine if our program would meet this person's needs and to assure proper planning and implementation of a personalized service plan. Candid and forthright information is essential for Rainbow Homes to provide a safe and comfortable living environment. Please include as much detail as possible with an honest representation of the person's abilities and needs. Incomplete information could result in delayed enrollment or dismissal.

REFERRAL SOURCE INFORMATION:

Agency Name (if applicable) _____ Years Known: _____
 Contact person's Name: _____
 Phone: _____ C-Phone _____
 Address _____ City _____ Zip _____
 E-Mail _____

PERSONAL INFORMATION:

Name: _____ Sex _____ DOB: _____
 Address _____ City _____
 State _____ Zip _____ Martial Status _____ Ethnicity _____
 Phone # _____ Cell# _____
 Current living situation _____
 Primary Language: _____ County _____
 Family Contact:(if applicable) _____ Relationship _____
 Address: _____
 Phone:(H) _____ (W) _____ (C) _____
 E-Mail _____

Guardianship: Y N (please provide Guardianship Papers)
 Guardian's Name: _____ Phone: _____
 Address _____ City _____
 State _____ Zip _____ Work# _____ Cell# _____
 E-Mail: _____

Representative Payee/Conservator(financial Guarantor) Y N
 Payee's Name: _____ Phone: _____
 Address _____ City _____
 State _____ Zip _____ Work# _____ Cell# _____
 E-Mail: _____

SS# _____ Michigan ID# _____ SS Claim #: _____

INSURANCE INFORMATION:

Medicaid #: _____ Type: _____
 Medicare#: _____ Part A _____ Part B: _____

Drug Plan: ID# _____ Issuer: _____ RX Grp: _____
RXBIN: _____ RXPCN: _____
Other Insurance _____
Source SSI _____ Type: Checking _____

EDUCATION:

Grade Completed: _____ Special Education _____ Other _____
School: _____
Teacher _____

Special Training: _____
Where? _____
Contact information _____

VOCATIONAL: Is this person employed or involved in a day program? ___ Y ___ N

Current Placement: _____ # of Hours per week _____
Address _____ City _____
State _____ Zip _____ Work# _____ Cell# _____
Contact Person _____ Phone # _____
When started _____ Hourly rate _____
Schedule: _____
Other employment or day program involved in: _____

DIAGNOSTIC INFORMATION: If the person is served by a Mental Health Agency, Please give us the technical diagnosis. If not, include a brief description of the disability:

AXIS I: _____
AXIS II: _____
AXIS III: _____
AXIS IV: _____
AXIS V/ GAF Score _____
Current Problematic Symptoms: _____

GENERAL INFORMATION

Does this person get along with other's? ___ Y ___ N If not what generally are the problems: _____

Does this person controls their sexual behaviors? ___ Y ___ N Explain _____

Does the person have a significant other? ___Y___N Are there any problems concerning the relationship? ___Y___N Explain _____

Is there any history of aggression, violent behavior or generally acting out? ___Y___N
Has this person ever been on a behavior treatment plan? ___Y___N Explain _____

Has this person's behavior ever resulted in the dismissal from any program? ___Y___N

Is there a history of suicidal thoughts/attempts or other psychiatric issues? ___Y___N

Is this person attending counseling or in the past received counseling? ___Y___N

Name of counselor _____ Phone _____

Address: _____

Has there been a Psychiatrist involved? ___Y___N Reason: _____

Name of Psychiatrist: _____ Phone _____

Address: _____

Has there been any Psychiatric Hospitalizations? ___Y___N When _____

Where Hospitalized _____ Reason _____

Has this person ever been involved with the legal system? ___Y___N When _____

Please explain _____

Does this person have any restrictions that result from forensics/legal history? ___Y___N

If yes, please give details _____

Behavior(check any characteristics that are present)

- | | | | |
|-------------------------|---------------|--------------------|--------------------------|
| ___Calm | ___Social | ___Destructive | ___Follows direction |
| ___Cooperative | ___Reclusive | ___Runs away | ___Excessively Talkative |
| ___Hyperactive | ___Suspicious | ___Hides | ___Disrespectful |
| ___Aggressive | ___Cheerful | ___Cries Easily | ___Manipulative |
| ___Stubborn | ___Moody | ___Temper Tantrums | ___Easily corrected |
| ___Assertive | ___Shy | ___Seeks attention | ___Difficult to manage |
| ___Respectful of Others | ___Lazy | ___Honest | ___Motivated |

Others _____

Behavior in public when with you _____

Safety skills in public _____

Things that cause anxiety or disturbance _____

Is there a particular time of year, a date or anniversary that causes behavioral changes, psychosis or the need for intervention? _____

Methods of comforting _____

Reaction to change _____

Reaction to strangers _____

Fears _____

How is that fear expressed? _____

How does this person express his/her needs _____

INTEREST & COMMUNIT CONTACTS

Church Affiliation/Preference: _____
Contact Person _____

Address: _____
Phone#: _____ Times of Service(s) _____
Areas of involvement/participation _____

Hobbies _____

Recreation/Sports/ Special Olympics _____

Others groups or clubs _____

Activities person enjoys(dinners out, movies, plays, camping....)

Visits with friends, school mates, etc.... _____

Name of significant friends and relatives:
Name: _____ Phone: _____

Address: _____
E-mail _____

Name: _____ Phone: _____

Address: _____
E-mail _____

Name: _____ Phone: _____

Address: _____
E-mail _____

Name: _____ Phone: _____

Address: _____
E-mail _____

Is there anyone that this person should not visit with or requires supervised visitations?____

Any restraining orders? _____

SELF CARE

<i>Needs Help</i>	<i>Yes</i>	<i>No</i>	<i>If Yes, describe assistance needed</i>
Eating/Feeding			
Using bathroom			
Bathing			
Grooming(hair care, teeth, nails)			
Dressing			
Personal Hygiene			
Walking/Mobility			
Sleeping Problems			
Use of prosthesis			
Use of assisted devices			
Menses			
Dresses appropriate to the weather			
Other			

HEALTH CARE

	<i>Yes</i>	<i>No</i>	<i>If Yes, describe assistance needed</i>
Takes medication independently			
Special Diet			
Self-control around food/portion control?			
Physical limitation in walking, stair climbing, Etc.			
Assisted devices – glasses, dentures, etc.			
Ability to care for assisted devices			
Special equipment needed			
Allergies to medication			
Allergies to food			
Dislike of foods			
Other allergies			
Susceptibility to hypothermia/hypothermia			
Other Health Concerns			

ADDITIONAL SUPPORTS

	<i>Yes</i>	<i>No</i>	
Communicates needs			
Understands verbal communication			
Moves independently in the community			
Alert to surroundings Gets easily lost?			
Needs assistance to set up rides(Spec Tran)			
Reads and writes			
Tells time			
Manages time well			
Manages money/budget			
Dresses appropriate to weather/ activity			
Assistance needed to coordinate clothing			
Assistance needed with medication			
Assistance with personal shopping			
Assistance with self-initiating activities			
Public Transportation Spec Tran/Bus			

Rainbow Homes Volunteer Survey

Rainbow Homes depends on the involvement of resident's family and friends to partner with us and participate in the ongoing development and enhancement of our community.

Please indicate below any area in which you or friends and relatives may be able to be involved and/or provide support and assistance.

- Grounds upkeep – lawn mowing, landscaping maintenance (shrubbery, etc.)
 - Handyman Service – Minor repairs to building and/or equipment.
 - Building Maintenance – exterior upkeep and/or major projects like roofing, concert, etc.
 - Relief Staff – To give resident staff a “night off” occasionally or on an advance scheduled basis as a support attendant to someone with special needs.
 - Financial – Resources with which we can purchase items or services to meet needs.
*Gifts to Rainbow Homes are Tax deductible
 - Connections – Networking with local businesses to secure items or services we need at lower rates or donations
 - Meals – Bring (or sponsor) a community meal periodically as a special treat to the residents
 - Office assistance – filing, assisting with mailings, etc
 - Activities – Chaperon, transport, and/or sponsor leisure activities for the groups
 - Travel companion – going on sporting events, plays, day trips or vacation as an “extra” staff
 - Work opportunities – Offer employment to one of our residents in your place of businesses
 - Training – Lead an educational group[activity, like budgeting, bible study, craft class, etc. for the residents
 - Grant writer
- Other: _____
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