



## ***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 and related documents to:***

Diane Enochs, Executive Director  
Living Independently Forever, Inc.  
550 Lincoln Rd. Ext.  
Hyannis, MA 02601  
(Phone) 508-790-3600  
(Fax) 508-778-4919

[diane@lifecapecod.org](mailto:diane@lifecapecod.org)

or submit electronically via the "SUBMIT" button on last page

**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 family member 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 your family member 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 your family member's disability?

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What is the applicant's medication history (current and past)?

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Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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**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 Parry: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT STATEMENT**

*Use separate sheet at end to answer the following questions.*

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. What would you like to achieve at LIFE?
6. How do you like to spend your free time?

**PARENTAL/GUARDIAN STATEMENT**

*Use separate sheet at end to 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.)

**Living Independently Forever, Inc.**

**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 \_\_\_\_\_

Motivation \_\_\_\_\_

Reliability \_\_\_\_\_

Self-Advocacy \_\_\_\_\_

General Attitude \_\_\_\_\_

Self-Sufficiency \_\_\_\_\_

Ability to relate to peers \_\_\_\_\_

Ability to relate to teachers/staff \_\_\_\_\_

Ability to attend to daily schedule \_\_\_\_\_

Ability to make decisions \_\_\_\_\_

Ability to react in an emergency/follow \_\_\_\_\_  
health, safety rules

Ability to use people as resources \_\_\_\_\_

Emotional stability \_\_\_\_\_

Ability to cope with stress \_\_\_\_\_

Ability to adjust to new situations \_\_\_\_\_

Ability to separate own problems \_\_\_\_\_  
from those of others

Strengths of the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General comments and concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

