



Admissions Application Packet

Day Supports Community Networking "My Turn" Senior Transition Other

Please Read Carefully: All applications submitted to the Enrichment Center must be completed in full and all required documentation must be attached in order to receive consideration. Applications that have incomplete forms, missing information, or missing attachments, will not be forwarded to committee for review and selection. Please note that *all applicants must be at least 16 years of age*. If you have questions or need assistance completing this application, please contact Paul Marceau at 777-0076 extension 1017.

Checklist of Requirements

1. Applicant's name is on the Registry of Unmet Needs⁽¹⁾
2. Applicant has been approved to receive Innovations Waiver services⁽²⁾
3. Copy of the applicant's most recent psychological evaluation is attached
4. Copy of guardianship is attached⁽³⁾
5. Application contains the name of the applicant's Care Coordinator, if applicable
6. Application contains **at least one** contact email address
7. If still in school, provide the **expected** completion date for graduation

⁽¹⁾ In order to qualify for state-funded services, every individual must first be registered on the Registry of Unmet Needs through an MCO

⁽²⁾ Individuals who qualify for the Innovations Waiver will decrease their wait time significantly-by as much as two to three years

⁽³⁾ If the applicant is 16 or 17 and has not been adjudicated, please feel free to contact us regarding viable alternatives to full guardianship

Individuals at the Enrichment Center participate in a number of activities both on and off site such as cookouts, holiday parties, trips to Hanging Rock, the Dixie Classic Fair. They also create art using a variety of media including canvas, linen, potter's clay, colored glass, jeweler's supplies, and more. The Enrichment Center seeks charitable gifts throughout the community to support these additional costs. To learn more about how to help, please visit our website: www.enrichmentarc.org/how-help



Part I: Demographic Information

Name _____ Date of Birth _____
First Middle or Nickname Last

Street Address _____
Apartment, Unit, Suite

City _____ State _____ Zip Code _____

Primary Telephone No _____ Email _____

Current Living Situation

- Private residence, living independently Private residence, living with family or acquaintances
 Private residence, living with paid support personnel Living in a group home Other

Describe group home or "other" _____

Race

- African American Asian Caucasian Hispanic or Latino Native American
 Native Hawaiian or other Pacific Islander Two or More Races (not Hispanic/Latino) Refuse

Gender

- Male Female

Citizenship

- United States of America Other I have permanent residency status (green card)

Part II: Family

How often do you interact with members of your family?

In person Every day A few times a week A few times a month A few times a year

By phone Every day A few times a week A few times a month A few times a year

Family Address _____
If different than above

City _____ State _____ Zip Code _____



Mother's Contact Information

Home № _____ Work № _____ Cell № _____
Email _____ Living Deceased

Father's Contact Information

Home № _____ Work № _____ Cell № _____
Email _____ Living Deceased

Alternate address if separated or divorced Mother's address Father's address

Street Address _____
City _____ State _____ Zip Code _____

Siblings – Please List

Part III: Guardianship

I am my own guardian I have a court appointed guardian Court Date _____

Guardian's Name _____ Relationship _____

Home № _____ Work № _____ Cell № _____

Email _____

Address _____
If different than parents' address *Apartment, Unit, Suite*

City _____ State _____ Zip Code _____

Place of Work _____ Title _____



Part IV: Medical

Primary Care Physician _____ Office No _____

Name of Medical Practice _____

Street Address _____

City _____ State _____ Zip Code _____ Unit Suite

My preferred hospital: Forsyth Medical Center Wake Forest University Baptist Medical Center

I am insured by Medicaid Medicaid Number _____ I have Medicare

Please note that admissions to the Enrichment Center are granted exclusively to individuals diagnosed with an intellectual/developmental disability or a specific cognitive impairment such as traumatic brain injury. If more than one diagnosis applies, use numbers to mark the boxes, by placing the number "1" beside the primary diagnosis, a "2" beside the secondary diagnosis, and so forth. Many individuals who live with I/DD also experience behavioral/mental health issues. It is helpful for us to be aware of such conditions in order to provide the best quality of care possible.

Intellectual/Developmental/Cognitive Impairment Diagnoses

- Mild intellectual disability Moderate intellectual disability Severe intellectual disability
- Profound intellectual disability Down syndrome Autistic disorder
- Disorder of written expression Specific reading disorder Mathematics disorder
- Traumatic brain injury Other Learning - I/DD _____

Behavioral/Mental Health Diagnoses

- Schizophrenia Schizoaffective disorder Bipolar disorder
- Major depressive disorder Dysthymic disorder Personality disorder
- Post-traumatic stress disorder Obsessive compulsive disorder Oppositional defiant disorder
- Other behavioral/mental health diagnosis _____

Physical/Sensory Impairments

- Vision Hearing Speech Ambulation
- Other (please describe) _____

***continued on the next page**



Assistive Technology

Describe the devices, technology, or accommodations you use or would like to use in the future in order to live successfully with the impairment(s) noted. If you are unfamiliar with assistive technology, its applications, or its benefits, contact the local North Carolina Assistive Technology Program (NCATP) office at (336) 716-8030

Recent Illness

Are you ill, or have you experienced a significant illness within the past 12 months? Yes No

Name of illness _____ Were you hospitalized? Yes No

Describe treatment and any required follow-up _____

Seizures

I have no medical history of seizures (*Skip to Allergies below*) I have been diagnosed with Epilepsy

I have experienced, or I have been observed having the following type(s) of seizure activity:

Grand Mal Absence Myoclonic Clonic Tonic Atonic Unknown

Frequency/Severity of Seizures

Please use the scale below to rate the *frequency* of your seizures (how often you have your seizures) and the severity of your seizures on a scale of 1 to 10. A score of 1 for frequency would be very low, meaning that you almost never have a seizure - maybe one seizure a year or less. A score of 10 for frequency would mean that you have seizures all the time – several times a week, maybe more than once a day.

Similarly, a score of 1 for *severity* means you're conscious and you just feel "out of it" for a few seconds. A score of 10 would indicate that you have experienced several minutes or multiple episodes of violent convulsions where you are completely unconscious, resulting in bruises and other physical harm. Place a circle around the appropriate level. You can circle a number as well as any of the large or small dots between the numbers.

	VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
Frequency	1 · · · 2 · · · 3 · · · 4 · · · 5 · · · 6 · · · 7 · · · 8 · · · 9 · · · 10				
Severity	1 · · · 2 · · · 3 · · · 4 · · · 5 · · · 6 · · · 7 · · · 8 · · · 9 · · · 10				



Allergies

Please indicate in the "Treatment" section if the allergy is potentially life threatening and if emergency medical care should be contacted immediately.

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____

Substance _____ Reaction _____

Treatment _____



Part V: Medications

Please fill in the chart below using the information exactly as it appears on the prescription. Use the generic name of the medication if that is what you are taking. If you are taking 50 mg of a medication, but you are actually taking two 25 mg tablets, write "25 mg" under "Dose" and the number "2" under "quantity". If you take the same medication more than once a day, record the number of times per day under "Frequency". Similarly, record the times you normally take your medication under "Time of Day" (for example: 10am / 8pm).

If you are authorized to self-medicate, please indicate which medications you will be taking yourself by placing a check mark in the circle beside the name of that medication listed below.

RX NAME (as written on prescription)	DOSE	QUANTITY	FREQUENCY	TIME OF DAY
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

Additional Instructions

Please use the space below to provide any additional information or instructions. For example, some medications should be taken with food and others without. Also note if there have been any previous instances of side effects of adverse reactions and what our staff should do if we observe these symptoms.

Part VI: Behaviors

At the Enrichment Center, we believe that all behavior is a form of communication. Individuals often act out in a certain behavior when they are having difficulty communicating in a more traditional way. If we know which behaviors are more common for each participant, we can better understand that individual and explore creative ways to communicate more effectively.

Please use this instrument to identify those behaviors that other people close to the applicant (including family) would associate with the applicant. There are no right or wrong behaviors. People deal with frustration differently – some become quiet and withdrawn while others become loud and aggressive, when both are experiencing the same difficulty. For each behavior identified, use the scale on the right to measure how often the behavior is observed. If the individual has NEVER demonstrated a behavior, select “0” instead of leaving an item blank.

OBSERVED BEHAVIOR	NEVER	VERY SELDOM	SOMETIMES	VERY OFTEN
Lying or trying to conceal the truth	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Refusing to follow instructions	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Fighting, punching, grabbing, or slapping	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Playing with genitals or breasts	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Being withdrawn	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Undressing at inappropriate times	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Running away (intentionally leaving)	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Wandering off (not staying in place)	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Destroying property, tearing clothing	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Aggressiveness, using intimidating voice/language	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Self-injurious	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Anxiety, worry-induced insomnia	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Stealing, using others' property without permission	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Making loud noises	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Spitting	0	1 · · · 2 · · · 3 · · · 4 · · · 5		
Publicly display of inappropriate sexual behavior	0	1 · · · 2 · · · 3 · · · 4 · · · 5		

Additional Comments:

Part VII: Transportation

Please indicate your transportation arrangements for getting to and from the Enrichment Center

- I will drive my personal vehicle
 My caregiver will transport me
 I will use TransAid
 My group home will provide transportation
 I do not have transportation arrangements at this time

Part VIII: Education

Current school or last school attended _____

Current grade level or highest grade level attained _____ Did you graduate? Yes No

I completed my: High School Diploma
 Certificate of Graduation
 Date _____

If you are still in school, by what date do you think you will graduate (or reach age 22)? _____

Part IX: Interests

Based on your tour and all the other information you have learned about the Enrichment Center, which of the following classes would be interesting to you? Place a mark in the box beside each class you think you might like to try or learn more about. If you would like further detail, you can request a copy of our course descriptions from our Academic Day Program Manager. If you see something here that you really don't like, you can show us by drawing a line through it.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Art - Introduction | <input type="checkbox"/> Cooking | <input type="checkbox"/> Health | <input type="checkbox"/> Music - Songwriting |
| <input type="checkbox"/> Art - Multi Media | <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Music - Voice |
| <input type="checkbox"/> Art - Studio | <input type="checkbox"/> Dance | <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Musical Theater |
| <input type="checkbox"/> Art - Textiles | <input type="checkbox"/> Digital Media | <input type="checkbox"/> Journalism | <input type="checkbox"/> Personal Fitness |
| <input type="checkbox"/> Basic Clay | <input type="checkbox"/> Environmental Science | <input type="checkbox"/> Kitchen Skills/Safety | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Body in Motion | <input type="checkbox"/> Exercise | <input type="checkbox"/> Life Skills | <input type="checkbox"/> Pottery - Basic |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Functional Academics | <input type="checkbox"/> Math | <input type="checkbox"/> Pottery - Studio |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Functional Reading | <input type="checkbox"/> Music - Appreciation | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Computer Basics | <input type="checkbox"/> Fused Glass | <input type="checkbox"/> Music - Instrumental | <input type="checkbox"/> Theater |



Part X: Employment

Please document your work history up to and including your fourth employer (if applicable). You may include school-based work experience and any volunteer work that was performed on a regularly scheduled basis for a time period of at least three months. Begin with your current or last employer and record in reverse chronological order (from last to first).

Employer _____ Job Title _____
Begin Date _____ End Date _____ Telephone _____
Job Duties _____
Reason for Leaving _____

Employer _____ Job Title _____
Begin Date _____ End Date _____ Telephone _____
Job Duties _____
Reason for Leaving _____

Employer _____ Job Title _____
Begin Date _____ End Date _____ Telephone _____
Job Duties _____
Reason for Leaving _____

Employer _____ Job Title _____
Begin Date _____ End Date _____ Telephone _____
Job Duties _____
Reason for Leaving _____

I have never been employed I would be interested in exploring employment opportunities

I would like to work Full Time Part Time _____ Hours per week (average)

Part XI: What Brings You Joy?

Please mark all the different activities that bring you joy. It doesn't matter how often you get to do them – just whether or not you like doing them. Below you can tell us about things you haven't done that you would love to do in the future.

- | | | |
|---|---|---|
| <input type="checkbox"/> Cooking at home | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Spending time alone |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Making crafts | <input type="checkbox"/> Spending time with family |
| <input type="checkbox"/> Doing fitness activities | <input type="checkbox"/> Painting or drawing | <input type="checkbox"/> Spending time with friends |
| <input type="checkbox"/> Eating out | <input type="checkbox"/> Playing computer games | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Going to concerts | <input type="checkbox"/> Playing sports | <input type="checkbox"/> Taking walks outdoors |
| <input type="checkbox"/> Going on the Internet | <input type="checkbox"/> Practicing my faith | <input type="checkbox"/> Traveling, sight-seeing |
| <input type="checkbox"/> Going out on dates | <input type="checkbox"/> Reading books, magazines | <input type="checkbox"/> Using a computer |
| <input type="checkbox"/> Going to the movies | <input type="checkbox"/> Shopping | <input type="checkbox"/> Watching TV, DVDs |
| <input type="checkbox"/> Having animal pets | <input type="checkbox"/> Singing | <input type="checkbox"/> Writing stories or poetry |
| <input type="checkbox"/> Other _____ | | |
-

Your Vision, Your Hopes, Your Dreams

This is the most important section on this form. Everything you do at the Enrichment Center is designed to help you build your future. You have to know where you want to go before you get there, even if it doesn't seem possible right now. Everyone has a special dream. Tell us yours! *(Please fill up the next page and as many additional pages as you want)*



The
Enrichment
Center

It's About Life. Not Limitations

Hopes and Dreams Continued

_____ additional page(s) attached

Part XII: Social History

Please answer each of the questions to the best of your ability. If you would like assistance or need clarification for any of the questions, you may contact the Intake Specialist at (336) 777-0076.

Describe your current living situation.

Who is in your circle of support?

How many years were you in school and what was the highest grade completed?

How was your overall experience in school? Were there any notable events or challenges?

How would you and others describe your current level of self-care?

Social History Continued

How would you describe your social interaction and communication with others?

How have your present needs factored into your decision to enroll at the Enrichment Center?

How will the Enrichment Center help you attain the future you desire?

Are there any medical conditions or physical limitations that prevent you from participating fully?

What are some ways we can assist you with possible emotional, behavioral, or intellectual challenges (please explain triggers or trauma history)?

Part XIII: Continuity of Care

The following scale will help us determine the level of care you will need so we can deliver individualized services. These represent the tasks that a person must develop in order to live independently. We would like to help you live as independently as you want. This will be our starting place. Please rate each one based on the scale below.

1 = I can do this on my own 2 = Sometimes I need to be reminded 3 = I always need to be reminded 4 = I can't do this but I can help 5 = I can't do this

	I Am Independent	I Need To Be Reminded	I Will Need Help
Using the toilet; toileting without accidents	1 · · · 2 · · · 3 · · · 4 · · · 5		
Washing, drying, folding laundry	1 · · · 2 · · · 3 · · · 4 · · · 5		
Grooming and personal hygiene	1 · · · 2 · · · 3 · · · 4 · · · 5		
Getting dressed and undressed; picking out clothes	1 · · · 2 · · · 3 · · · 4 · · · 5		
Participating in leisure activities	1 · · · 2 · · · 3 · · · 4 · · · 5		
Managing money; personal finances	1 · · · 2 · · · 3 · · · 4 · · · 5		
Getting transportation to and from where I need to go	1 · · · 2 · · · 3 · · · 4 · · · 5		
Eating and drinking; using utensils	1 · · · 2 · · · 3 · · · 4 · · · 5		
Doing basic household chores (making bed, doing dishes)	1 · · · 2 · · · 3 · · · 4 · · · 5		
Taking medications; correct dosage and frequency	1 · · · 2 · · · 3 · · · 4 · · · 5		
Grocery shopping	1 · · · 2 · · · 3 · · · 4 · · · 5		
Simple meal preparation	1 · · · 2 · · · 3 · · · 4 · · · 5		
Bathing or showering; shampooing hair	1 · · · 2 · · · 3 · · · 4 · · · 5		
Performing routine daily activities/job activities	1 · · · 2 · · · 3 · · · 4 · · · 5		
Communicating with others	1 · · · 2 · · · 3 · · · 4 · · · 5		
Socializing with others	1 · · · 2 · · · 3 · · · 4 · · · 5		
Other _____	1 · · · 2 · · · 3 · · · 4 · · · 5		

I am registered with the following LME/MCO (See the following page for assistance.)

- Cardinal Innovations Healthcare Partners Behavioral Health Management
 Sandhills Center Vaya Healthcare Not Applicable – I am a private pay applicant
 I have a Care Coordinator Name _____ Phone _____

Please indicate below if you are currently receiving any services

- Day Supports Respite Care In Home Skill Building Individual Supports
 Day Activity Community Networking ADVP Supported Employment LTVS



Authorization

By signing this document you are giving The Enrichment Center permission to disclose personal identifying information in order to coordinate care with your regional LME/MCO and to ensure that your name is enrolled on that organization's waiting list for services. This includes Protected Health Information (PHI), which encompasses Individually Identifiable Health Information (IIHI) as defined by the Federal Health Insurance Portability and Accountability Act (HIPAA).

To determine the appropriate LME/MCO, review each of the three scenarios below and select the one that best describes your current situation. Write the name of the county that corresponds with the scenario you have chosen. Next look below at the list of local counties. You will find the correct LME/MCO in bold, to the right of the county you have selected.

If you do **not** have Medicaid, your regional LME/MCO will correspond to your current county of residence

County of Residence _____

If you **have** Medicaid and your parent/guardian still lives at the address where you applied for Medicaid, use that county

County of Medicaid Origin _____

If you **have** Medicaid and you and your parent/guardian have moved, use the county of the new address

County of Parent or Guardian's Residence _____

My Regional LME/MCO _____

Alamance, Davidson, Davie, Forsyth, Mecklenburg, Rockingham, and Stokes Counties: **Cardinal Innovations Healthcare**

Surry and Yadkin Counties: **Partners Behavioral Health Management**

Guilford and Randolph Counties: **Sandhills Center**

Wilkes County: **Vaya Healthcare**

I hereby certify that all information provided in this application is both accurate and complete and I further pledge that all statements made in writing are both true and complete to the best of my ability. I understand that the omission of any information may disqualify my application, and that falsification of information will be grounds for my dismissal.

In addition, I acknowledge that I am responsible for communicating changes to the Enrichment Center in a timely manner. If the Enrichment center is unable to contact me after making reasonable attempts, my application will be deactivated and my name will be removed from the waiting list.

Individual Served _____ Date _____
Please Print Legibly Signature

Legal Guardian _____ Date _____
Please Print Legibly Signature

Please return to: The Enrichment Center ❖ 1006 South Marshall Street ❖ Winston Salem ❖ NC ❖ 27101