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.
PASS 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: 503.342.9412
Email: ckavanaugh@financialguide.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.

______________________________________________________________________________

______________________________________________________________________________