



## APPLICATION PROCESS

The decision to enroll in a life-long residential community is significant one. The Casa de Amma application process reflects this. Admissions decisions are made based on the “goodness of fit” between the applicant and the program. In order to establish this, the following information is required:

- **Recent 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**
- **Completed application form from families**
- **Completed application form from applicant which should demonstrate a willingness on the part of the applicant to become involved in the program**

Once the above information is received and reviewed a decision will be made if the applicant will be invited for the next stage of the process which will include an on site interview and several day visit.

During the interview, the applicant will tour the facility and the specifics of the program will be outlined. The applicant and his family will have an opportunity to discuss any questions or concerns they may have. Upon successful completion of the interview process, a multi day visit will be scheduled. This visit will allow the applicant to participate in a typical day at Casa de Amma. The applicant will have an opportunity to view the program first hand and the staff will have the opportunity to determine the applicant's response to the program and its offerings.

**CASA DE AMMA**  
**APPLICATION FOR ADMISSION**

**Applicant Information:**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle) (nick name)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ D.O.B. \_\_\_\_\_ Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Family Information:**

Name of Father: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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: \_\_\_\_\_

Please indicate any family situation of which we should be aware:

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

**Referral Information:**

Who referred you to Casa de Amma 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 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?  
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 learning 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:**

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: \_\_\_\_\_

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 Party: \_\_\_\_\_ Date: \_\_\_\_\_

*Please include a \$50.00 Application Processing Fee.*

## PARENTAL/GUARDIAN STATEMENT:

On a separate sheet, please describe your hopes and realistic goals for the applicants' future. How will living at Casa de Amma help in the attainment of these goals?

Please describe the applicant's areas of strength, and how he/she will be an asset to the Casa de Amma community.

## APPLICANT STATEMENT:

On a separate sheet, please answer the following questions. You may hand write or type the answers.

Why do you want to live at Casa de Amma?

What are some of your interests and hobbies?

What job experience have you had? What would you like to do for work in the future?

What is your disability as you understand it?

What is your greatest strength?

Why would you be a great addition to the Casa de Amma community?



*Casa de Amma admission decisions are made without regard to gender, ethnicity, nationality, creed, or religion.*