

NEW HORIZONS DEVELOPMENTAL CENTER, INC.

810 E AVENUE ~ P.O. BOX 187

CARRIZOZO, NM 88301

TELEPHONE: 575-648-2379 ~ FAX: 575-648-2370

RESIDENT ADMISSION APPLICATION

Today's Date _____ Telephone Numbers _____

General Information

Applicant's Name _____

Current Address _____

Date of Birth _____ Age _____ Sex _____

Ethnicity _____ Height _____ Weight _____ IQ _____

Social Security Number _____ Medicaid Number _____

Medicare Number _____ Health Insurance _____

Does Applicant receive SSI? Yes No Amount \$ _____ Other Income Yes No

If Yes, what type and what amount? _____

Primary language(s) spoken _____ Religion _____

optional

Marital status _____ Children _____

Presenting disability _____

Onset of disability _____

Does applicant understand her/his disability? Yes No

Legal Guardian's Name and Address _____

Family Information

Mother's name _____ Date of Birth _____

Mother's address _____

Mother's telephone number(s) _____

Father's Name _____ Date of Birth _____

Father's address _____

Father's telephone number(s) _____

Brothers/Sisters – Please list names, dates of birth, and telephone numbers

Medical Information

Primary medical provider's name and address _____

Telephone number(s) _____

Applicant's medical history _____

Known allergies _____

Current medications and diagnoses

Medication

Diagnosis

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please use back of page if you need more space.

Does applicant experience seizures? Yes No If yes, what is the frequency? _____

History

Mother's health during pregnancy _____

Condition of applicant at birth _____

Behavior during past year

Has applicant been verbally abusive? Yes No If Yes, please explain the circumstances.

Has applicant been physically abusive? Yes No If Yes, please explain the circumstances.

Has applicant stolen? Yes No If Yes, please explain the circumstances. _____

Has applicant wandered away or run away? Yes No If Yes, please explain circumstances.

Self-help Skills

Can applicant bathe and use soap properly? Yes No If No, please explain. _____

Can applicant dress self? Yes No If No, please explain. _____

Can applicant make own bed and change bed linens? Yes No If No, please explain. _____

Can applicant do any part of laundry? Yes No Sort clean and dirty clothes? Yes No

Does applicant have toileting accidents? Yes No Use toilet appropriately? Yes No

Social Skills and Activities

How does applicant interact with others? Please give both positive and negative information. _____

What interests does applicant have – hobbies, recreational/social activities, etc. _____

How does applicant interact with others? _____

Has applicant ever been, or is applicant currently sexually active? Yes No If yes, please explain. _____

Has applicant ever, or does applicant currently smoke/chew tobacco? Yes No If yes, please explain. _____

Has applicant ever smoked, or does applicant currently smoke marijuana? Yes No If yes, please explain. _____

Has applicant ever drunk alcohol, or does applicant currently drink alcohol? Yes No If yes, please explain. _____

Has applicant ever been involved with, or is applicant currently involved with illicit drugs? Yes No If yes, please explain. _____

Does applicant have an addiction to tobacco, marijuana, alcohol, or illicit drugs? Yes No If yes, please explain. _____

Educational History

Has applicant learned to read? Yes No If yes, at what level? _____

Does applicant print/write? Yes No If yes, at what level? _____

Has applicant learned math? Yes No If yes, at what level? _____

Names and Addresses of Schools Attended, with dates of attendance

Certificates/Diplomas Received

Employment History

Employer _____ Dates Employed _____

Duties _____

Employer _____ Dates Employed _____

Duties _____

Employer _____ Dates Employed _____

Duties _____

Other Information

Other agencies involved with applicant's treatment and care – please list names, addresses and telephone numbers.

What is the reason for requesting admission to New Horizons? _____
