



APPLICATION FOR ADMISSION  
Please use additional space as needed.

<b>APPLICANT:</b>	
Name: _____	Date of Birth: _____
Sex: _____	\Place of Birth: _____
Address: _____	City/State: _____ Zip: _____
Religious Affiliation: _____	

<b>CONTACT PERSON:</b>	
Name: _____	Relationship to Applicant: _____
Address: _____	City/State: _____ Zip: _____
Home Phone: _____	Work Phone: _____

**Note:** The remainder of this application asks a series of questions about the applicant.  
The words "*yourself*" or "*you*" refers to the applicant intended to live at L'Arche Tahoma Hope.

<p><b>USE THIS SPACE TO TELL US ABOUT YOURSELF IN YOUR OWN WORDS. WRITE AS MUCH OR AS LITTLE AS YOU WOULD LIKE.</b></p> <ul style="list-style-type: none"><li>• <i>Why do you wish to live in a L'Arche community?</i></li></ul>
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- *What gifts and talents do you have that will contribute to daily life at L'Arche Tahoma Hope?*
  
  
  
  
  
  
  
  
  
  
- *What challenges, fears, and obstacles do you think you would face if you came to live at L'Arche Tahoma Hope?*

**APPLICANT'S FAMILY INFORMATION**

**Father:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Brothers and Sisters:

Name	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____



**SELF CARE: Please indicate your ability to do the following tasks.**

Eating:                      Independently: \_\_\_ Need some help: \_\_\_ Need Full Assistance: \_\_\_

Do you have any special dietary needs or restrictions? \_\_\_\_\_

Brush Teeth:              Independently: \_\_\_ Need some help: \_\_\_ Need lots of help: \_\_\_

Wash Hands:              Independently: \_\_\_ Need some help: \_\_\_ Need lots of help: \_\_\_

Bath / Shower:            Independently: \_\_\_ Need some help: \_\_\_ Need lots of help: \_\_\_

Dress & Undress:        Independently: \_\_\_ Need some help: \_\_\_ Need lots of help: \_\_\_

Toileting:                Independently: \_\_\_ Need some help: \_\_\_ Need lots of help: \_\_\_

Daytime incontinence: Never Occurs: \_\_\_\_\_ Occasionally: \_\_\_\_\_ Often: \_\_\_\_\_

Nighttime incontinence: Never Occurs: \_\_\_\_\_ Occasionally: \_\_\_\_\_ Often: \_\_\_\_\_

At L'Arche Tahoma Hope, core members are supported with personal care and daily routines by individuals of all genders. Will this be a concern? Yes \_\_\_ No \_\_\_

If yes, please share the concern:

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

Preferred Bedtime: \_\_\_\_\_

Preferred Wake-up time: \_\_\_\_\_

How many hours do you typically sleep? \_\_\_\_\_

*Describe your need for Supervision*

- Within the home during the daytime:  
    Constant: \_\_\_\_\_ Moderate: \_\_\_\_\_
- Within the home during the nighttime:  
    Constant: \_\_\_\_\_ Moderate: \_\_\_\_\_
- Outside the home on outings:  
    Constant: \_\_\_\_\_ Moderate: \_\_\_\_\_

What else would it be helpful for us to know about your supervision/ support needs?

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

**TRANSPORTATION:**

Are you eligible for shuttle services? \_\_\_\_\_

Do you need any special considerations with regarding to transportation?

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

**INDICATE HOW COMFORTABLE YOU ARE IN THE FOLLOWING SITUATIONS:**

Use the following scale: (1 = comfortable 2 = OK/neutral 3 = not comfortable)

Noisy \_\_\_\_\_ Enclosed \_\_\_\_\_ Routine tasks \_\_\_\_\_ Fast pace \_\_\_\_\_  
Quiet \_\_\_\_\_ Open \_\_\_\_\_ Complex tasks \_\_\_\_\_ Slow pace \_\_\_\_\_

Interactions outside the home: \_\_\_\_\_ Places that are crowded \_\_\_\_\_  
Occupying yourself at home \_\_\_\_\_ Large gatherings in a home: \_\_\_\_\_

**DAY PROGRAM/ EMPLOYMENT:**

Funding and coordination for day activities, whether an alternative to employment program or training and support for special employment, are handled by Pierce County through a separate contract and funding process from residential supports at L'Arche Tahoma Hope.

Do you have any current employment/day supports? \_\_\_\_\_

Name and dates for the day or work programs in which you have participated:

\_\_\_\_\_ Dates attended: \_\_\_\_\_  
\_\_\_\_\_ Dates attended: \_\_\_\_\_  
\_\_\_\_\_ Dates attended: \_\_\_\_\_

**BEHAVIOR:**

In your own words describe your normal behavior?

Here are some words that might be helpful:

*Calm, Cooperative, Quiet, Stubborn, Talkative, Honest, Sensitive, Shy, Moody*

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

Describe how you conduct yourself in public: \_\_\_\_\_

\_\_\_\_\_

Recreation and leisure activities that you enjoy (indoors and outdoors): \_\_\_\_\_

\_\_\_\_\_

What sort of things cause you to get anxious, upset or nervous:

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Describe how you act when you are upset:

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What helps you make friends?

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What is a good way to offer your support and direction?

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In what ways can you accept responsibility?

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Do you enjoy group activities? What kinds?

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**FINANCIAL SUPPORT:**

What is your current funding and from what source?

Core Waiver

Basic Plus Waiver

\*\*\*L'Arche Tahoma Hope currently accepts individuals with Core Waiver and Basic Plus Waiver funding. If you are currently receiving services through another waiver and would like to pursue L'Arche Tahoma Hope, please contact your case resource manager about waiver options.

Would you be able to supplement this funding in any way?

WHAT ARE YOUR HOPES AND EXPECTATIONS IF YOU WERE TO LIVE IN A L'ARCHE HOME?

WHAT ARE YOUR FAMILY'S HOME AND EXPECTATIONS OF L'ARCHE?

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

I was helped with this application by: \_\_\_\_\_ Role: \_\_\_\_\_