



Providing individualized services and supports for persons with intellectual and developmental disabilities

Residential Application

We appreciate that you want to know more about Langton Green, and we welcome your application. The questions in this packet will be used to:

- Help in the selection of applicants, and
- Establish the background information that will enable program staff to know each applicant better.

You are probably wondering about fees:

- The program fee is determined by a standardized formula via the Maryland Department of Disabilities Administration (DDA) regulations.
- Rent is determined by a sliding scale using a formula provided by the Department of Housing and Urban Development (HUD) for Section 8 housing projects. No applicant will be denied admission because of race, color, religion, national origin, or sex.

All information you submit will remain confidential. You may return the completed application to:

Langton Green, Inc.
Attention: Residential Application
3016 Arundel on the Bay Road
Annapolis, MD 21403
Fax: 410-269-0297
humanresources@langtongreen.org

LGI 3-18-14



Arnold Dordick, M.S.Ed.
Executive Director
Kimberly Breton
Deputy Director

3016 Arundel on the Bay Road
Annapolis, Maryland 21403
www.langtongreen.org

Local 410-263-3225
Baltimore 410-269-1019
Fax 410-269-0297

Applicant Name _____

Date: _____

Applicant: _____
Last First Middle

Present living arrangements: _____

Address: _____
_____ City State Zip Code County

Phone: _____

Social Security Number: _____ - _____ - _____ Gender: M ___ F ___

Date of Birth: _____ / _____ / _____ Place of Birth: _____
Month Day Year

Race: _____ Marital Status: _____

Referring agency: _____

Referring agency representative: _____

Referring agency phone: _____

If not an agency referral:

Name of individual referring: _____

Relationship to applicant: _____

Phone number: _____

Emergency Information

Name of #1 emergency contact: _____

Phone: _____ Relationship: _____

Name of #2 emergency contact: _____

Phone: _____ Relationship: _____

Applicant Name _____

Vocational / Educational

Is applicant employed? Yes ____ No ____

If yes, where? _____

Contact person: _____ Phone: _____

If no, what program does the applicant attend? _____

Contact person: _____ Phone: _____

Address: _____

Date began attending: _____

Skill Development and Independent Functioning

Please indicate whether the applicant requires assistance or functions independently in the following areas. Feel free to elaborate on any item on the back of this page.

	Needs Assistance	Independent
Eating		
Bathroom		
Bathing		
Shampooing		
Brushing/combing hair		
Brushing teeth		
Shaving		
Dressing		
Use of telephone		
Use of money		
Use of public transportation		
Making purchases		
Medication		

Does the applicant perform any household or other chores on a regular basis? If so, describe: _____

Applicant Name _____

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How does the applicant spend leisure time; for example: activities, interest, hobbies, etc.? _____

Why are you applying to Langton Green? _____

What do you expect the applicant to gain from the program? _____

How did you find out about Langton Green? _____

Family History

Father			Mother		
Name:			Name:		
Address:			Address:		
Phone:			Phone:		
Age:			Age:		
Marital status:			Marital status:		
Work phone:			Work phone:		
Siblings			Siblings		
Name	Age	Phone	Name	Age	Phone

Background Information

Is there a history of disabilities in the family? If yes, please explain what the disability is, and who in the family is disabled. _____

Complications of pregnancy/delivery: _____

First notice of disability: _____

Developmental milestones (sat up, walking, talking, etc.): _____

Educational history – schools and dates attended: _____

Applicant Name _____

Vocational history – programs attended and dates: _____

Behavioral and Emotional Background

Please describe the applicant’s behavior (appropriate vs. childish): _____

Are there any specific behavioral problems? _____

Is the applicant emotionally prepared to move into an alternative living situation? _____

What should we know about the applicant to best serve him/her? _____

Medical Background Information

Please provide name, address, and phone for the following physicians:

Primary name: Address: Phone:
Psychiatrist name: Address: Phone:
Dentist name: Address: Phone:
Ophthalmologist name: Address: Phone:
Other name and Specialty: Address: Phone:

Applicant Name _____

Medications, including over-the-counter and vitamins (use back if necessary):

Name	Dosage	Reason given	Prescribed by

Pharmacy name: _____

Address: _____

_____ Phone: _____

Medical History

List childhood illnesses:

List hospitalizations and/or surgeries, along with date and reason:

Does the applicant have any of the following?

Speech: Yes No <i>If no, how does the applicant communicate?</i>	Hearing: Yes No Uses hearing aids: Yes No Deaf: Right Left
Cardiac: Yes No	Blindness: Yes No
Orthopedic: Yes No	Wears glasses: Yes No
Amputation: Yes No	Diabetes: Yes No
Epilepsy: Yes No - <i>If yes, frequency:</i> - <i>Severity:</i> - <i>What's typical?</i>	Takes insulin: Yes No
Other (please specify):	
Allergies - Food: - Medication: - Environmental: - Seasonal: - Typical reaction: - What treatment is needed for a reaction?	
Nutrition - Is there a special diet or restrictions? - Likes: - Dislikes: - Anything the applicant CANNOT eat:	
Medical Appointments - Behavior on appointments: - Requires sedation for any appointments or procedures:	
Is there anything else the nurse should know?	