

**Arkansas Enterprises for the Developmentally Disabled, Inc.  
#6 Production Drive  
Little Rock, AR 72209**

**Application for Admission**  
(This information is kept confidential)

Full Name of Individual:		Application Date:	
Address:			
Telephone:	Sex:	Medicaid #:	
DOB:	SS#:	Medicare #:	
Are parents still living?: <small>(If YES, please answer the following questions)</small>			
Mother Name:		Occupation:	
Work Address & Phone #:			
Father Name:		Occupation:	
Work Address & Phone #:			
Do you live with your parents?: <small>(If NO, Please answer the following questions)</small>			
With whom do you live?:		Relationship:	
Occupation & Work Address:		Work Phone Number:	
Have you attended any other schools or day programs?: <small>(If YES, please list places &amp; dates attended)</small>			
<i>Program</i>		<i>Dates Attended</i>	
Date of Last Physical:			
Do You Take Medications?: <small>(If YES, please list medications, dosages &amp; times)</small>			
<i>Medication</i>	<i>Dosage</i>	<i>Times</i>	

Physician Name:	
Address:	Telephone:
Have you ever had a psychological test?	
If YES to above, please list date:	
Do you receive SSI?	Amount:
Do you receive SSA?	Amount:
Any other source of income:	Amount:
Do you have any medical/physical limitations?	
If YES, please describe:	
Do you have a DDS counselor?	Name:
Do you have a Rehab counselor?	Name:
Criminal History? Yes      NO	
If YES, please describe:	
General comments about behavior, interests, personality, etc...:	
If you are admitted to our Adult Work Activity Center, what are some goals you would like to achieve?:	
1.	
2.	
3.	
Name of person completing this application, if other than the applicant:	
Relationship to Applicant or Title:	
Referral Source:	

\_\_\_\_\_ Applicant or Guardian Signature

\_\_\_\_\_ Date

***For Office Use Only—***

Date Interviewed:	Date Admitted:	Director or Representative Signature:

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