



# HCESC Day Habilitation Application



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

Applicant's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Current Living Status:

\_\_\_\_\_ With Spouse \_\_\_\_\_ With Relatives \_\_\_\_\_ With Non-Relatives  
\_\_\_\_\_ Alone in a house or apartment \_\_\_\_\_ Alone in a room \_\_\_\_\_ Group Home

Medicaid Number: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Name

Phone Number

## Caregiver Information

\_\_\_\_\_

Name

Relationship to Applicant

\_\_\_\_\_

Address

\_\_\_\_\_

Phone Number

Email

Are you the applicant's legal guardian?  YES  NO



# HCESC Day Habilitation Application



## General Medical Information

(to be completed by applicant or applicant's representative)

### Dental

Does the applicant wear dentures?  yes  no      Removable bridge or other device?  yes  no

Date of last dental examination: \_\_\_\_\_

### Speech and Language

Does the applicant have a speech/ language impairment?  yes  no

How does the applicant communicate?

- \_\_\_\_\_ verbally
- \_\_\_\_\_ sign language
- \_\_\_\_\_ gestures
- \_\_\_\_\_ communication board
- \_\_\_\_\_ other (describe) \_\_\_\_\_

Date of last speech/language assessment: \_\_\_\_\_

### Independent Living

Does the applicant use adaptive utensils?  yes  no

Does the applicant need assistance with feeding?  yes  no

Does the applicant toilet independently?  yes  no

If no, describe: \_\_\_\_\_

Does the applicant wear protective undergarments:  yes  no

Does the applicant need assistance with clothing?  yes  no

If yes, describe: \_\_\_\_\_

### Psychological

Date of last psychological evaluation: \_\_\_\_\_

Name of clinician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Has the applicant received mental health services:  yes  no

If yes, describe: \_\_\_\_\_

Does the applicant have a current behavior plan?  yes  no      (If yes, please attach a copy.)



# HCEC Day Habilitation Application



## Transportation Agreement (page 1)

Applicant Name: \_\_\_\_\_

### Transportation

Please initial your choice.

\_\_\_\_\_ I live within the catchment area and will use transportation provided by HCEC.

\_\_\_\_\_ I live within the catchment area and choose to provide my own transportation.

\_\_\_\_\_ I live outside the catchment area and will arrange transportation with the assistance of my support Coordinator.

### Basic Agreement

Please initial all applicable statements.

\_\_\_\_\_ I understand that if I need to cancel transportation, I must make every effort to notify the dispatcher at 908-638-5906 by 7 am.

\_\_\_\_\_ I understand that HCEC provides curb to curb transportation service. It is your responsibility to arrange for assistance, if needed, at your residence.

\_\_\_\_\_ I have arranged assistance so that a family member, caregiver, and/or friend will ensure that I am safely at the curb and have safely boarded the bus in the morning.

\_\_\_\_\_ I have arranged assistance so that a family member, caregiver, and/or friend will ensure that I am safely in my home immediately following the afternoon drop off.

\_\_\_\_\_ I understand that, if assistance is not available at the afternoon drop off, the driver will not leave me at the curb and I will be returned to the Thrive program. I further understand that, in this circumstance, I must be picked up by a designated individual no later than 4PM.

\_\_\_\_\_ I do not need assistance. If a family member, caregiver, and/or friend is not available at the afternoon drop off, I can enter my home without assistance.

Details:



# HCESC Day Habilitation Application



## Transportation Agreement (page 2)

### Rules and Regulations for HCESC transportation

Basic rules and regulations of bus and van safety include:

- Walking safely to the bus
- Entering the bus in an orderly fashion
- Sitting down immediately and fastening seat belt
- Remaining in seat until the bus stops
- Using appropriate voices and language
- Keeping hands and feet to oneself
- Keeping aisles clear
- Following directions from bus monitor and bus driver
- No teasing or bullying

HCESC transportation staff will implement a range of consequences associated with breaking the basic rules and regulations:

- Oral Warning
- Contact Parent/Guardian and day habilitation program director
- Assign seat
- Request meeting of interdisciplinary team to discuss multiple or repeated infractions

HCESC will suspend or discharge individuals whose behavior on a van or bus does not comply with the following rules:

- Two instances where the designated escort is not available at drop off
- Acts of violence (throwing objects off or on the bus, fighting, lighting a match)
- Vandalism
- Substance abuse
- Carrying or use of weapons

**I have read and understand the HCESC Transportation rules and regulations:**

**Applicant Name:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Caregiver/ Guardian Signature (if applicable)**



# HCESC Day Habilitation Application



## General Program Release Form

I hereby authorize \_\_\_\_\_ to:

- A. Participate in any program facilitated by the HCESC Thrive Day Habilitation program including, but not limited to:
  - a. Outdoor recreational activities
  - b. Daily living activities including cooking and cleaning
  - c. Community access trips
- B. Be transported on campus by staff or volunteers of the HCESC and hold the operator of any agency owned vehicle harmless.
- C. I will allow the HCESC staff to provide emergency First Aid.

I understand that in the case of an emergency, all efforts will be made by the HCESC Thrive Day Habilitation staff to contact the individual listed as an emergency contact.

Applicant Signature: \_\_\_\_\_

Caregiver/ Guardian Signature: \_\_\_\_\_

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



# HCEC Day Habilitation Application



## Participation Agreement

I hereby agree \_\_\_\_\_ to:

- A. Cooperate with the general policies of the program.
- B. Give all medications to the nurse and update medical forms, as needed.
- C. Respect the property of the Thrive program and the staff and participants.
- D. Provide a minimum of two weeks notice for vacations and other planned time off.
- E. Participate in 90% of the scheduled time.

### **Schedule:**

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours each day:					

The signatures below indicate that he/she has read this agreement or that it was explained to him/her.

Applicant Signature: \_\_\_\_\_

Caregiver/ Guardian Signature: \_\_\_\_\_

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



## HCESC Day Habilitation Application



### Financial Agreement

HCESC Thrive Day Habilitation is an approved DDD-Medicaid program and will be paid on a fee for service basis. In order to do so, HCESC must provide required supporting documentation with bills for all services.

- It is the responsibility of the individual, family or guardian and support coordinator to ensure that all necessary documents are shared with HCESC.
- It is the responsibility of the individual, family or guardian and support coordinator to notify HCESC immediately if there is a change in the individual service plan or DDD eligibility.
- Financial compensation is the responsibility of the individual, family and/or guardians if HCESC is not paid by Medicaid for any reason.
- Continuation of services is contingent on timely resolution of billing discrepancies.

The signatures below indicate that he/she has read this agreement or that it was explained to him/her.

Applicant Signature: \_\_\_\_\_

Caregiver/ Guardian Signature: \_\_\_\_\_

Support Coordinator Signature: \_\_\_\_\_

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



# HCESC Day Habilitation Application



## Emergency Contact Card

<b>Name:</b>	
<b>Date of Birth:</b>	<b>DDD ID #:</b>
<b>Diagnosis:</b>	
<b>Medical Restrictions/ Special Instructions:</b>	
<b>MEDICATIONS</b>	
<b>PERSONAL CONTACT INFORMATION</b>	
<b>Emergency Contact Name:</b>	
<b>Phone #</b>	<b>Alternate Phone #</b>
<b>Guardian Name, if applicable:</b>	
<b>Phone #:</b>	<b>Alternate Phone #:</b>
<b>MEDICAL CONTACT INFORMATION</b>	
<b>Primary Physician Name:</b>	
<b>Phone #:</b>	<b>Fax #:</b>
<b>Preferred Hospital:</b>	
<b>Managed Care Organization (MCO):</b>	
<b>Private Insurance ,if applicable:</b>	
<b>Administrative Services Organization (ASO), if applicable:</b>	
<b>Support Coordinator Name:</b>	
<b>Phone #:</b>	<b>Alternate Phone#:</b>





# HCESC Day Habilitation Application



## Emergency Consent for Treatment

<b>Name:</b>	
<b>Date of Birth:</b>	<b>DDD ID #:</b>

I hereby consent to any and all medical or surgical treatment, including hospital admission, examinations and diagnostic procedures, anesthetics, transfusions and operations, which, **in the event of an emergency** are deemed necessary by competent medical clinicians to save the life or preserve the health of the above named individual. I also approve the release from the case records of any medical history or other medical data, which would be necessary for the physician and/or hospital to administer the treatment.

**It is understood that general consent is only applicable specifically and exclusively to emergency situations.** In each and every other instance of elective medical and/or surgical treatment recommended by medical professionals, an explicit, individual consent must be requested within a reasonable advance time period. Emergency treatment should be followed by prompt notification of the guardian by the person(s) responsible for the care of the individual.

Applicant Signature: \_\_\_\_\_

Caregiver/ Guardian Name (please print): \_\_\_\_\_

Caregiver/ Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_