

**ORI**  
**OPPORTUNITIES AND RESOURCES, INC.**

64-1510 Kamehameha Highway, Wahiawa, HI 96786  
PHONE: (808) 622-3929      E-mail: [helemano808@hawaii.rr.com](mailto:helemano808@hawaii.rr.com)      FAX: (808) 621-8227

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**APPLICATION FOR PROGRAM SERVICES**

- Applying For:  Adult Day Program (H&CBS-Waiver, ICF-MR)  
 Work Experience Training Program  
 Residential Program (ICF-MR, DD Domiciliary, Foster Home)

**GENERAL INFORMATION**

APPLICANT NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS (if different from above): \_\_\_\_\_

CURRENT LIVING ARRANGEMENT: (please check appropriate box)

- Intermediate Care Facility (ICF-MR)     Care Home     Foster Home     Domiciliary Home  
 Group Home     Boarding Home     Independent Living     Other: (specify) \_\_\_\_\_

MARITAL STATUS: \_\_\_ Married    \_\_\_ Single    \_\_\_ Divorced    \_\_\_ Widowed

SEX: \_\_\_ Male    \_\_\_ Female

APPLICANT IS A: \_\_\_ U.S. Citizen    \_\_\_ Permanent Resident    Other: \_\_\_\_\_

**SCHOOL / DAY PROGRAM / WORK TRAINING HISTORY:**

1. HAS THE APPLICANT ATTENDED OTHER SCHOOLS?     YES     NO

SCHOOL NAME: \_\_\_\_\_ ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. HAS THE APPLICANT ATTENDED OTHER DAY PROGRAMS?     YES     NO

FACILITY NAME: \_\_\_\_\_ ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**SCHOOL / DAY PROGRAM / WORK TRAINING HISTORY: (continuation)**

3. HAS THE APPLICANT ATTENDED A WORK TRAINING PROGRAM? [ ] YES [ ] NO

FACILITY NAME: \_\_\_\_\_ ATTENDED FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

TYPE OF WORK / POSITION: \_\_\_\_\_ AVERAGE PAY OR INCENTIVES: \_\_\_\_\_

**SOCIAL SERVICE AGENCY: (please list any Social Service Agencies involved with the applicant)**

1. AGENCY NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PURPOSE (Type of service): \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PURPOSE (Type of service): \_\_\_\_\_

**FAMILY INFORMATION**

**FATHER:** \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

**MOTHER:** \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

**OTHER CONTACT PERSONS:**

NAME: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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**APPLICANT'S PERSONAL PROFILE**

**Please take the time to answer the following questions, which will aid in the evaluation process. Feel free to use additional sheets if necessary.**

1. What do you think the applicant's capabilities are in terms of self-care and job potentials?

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TRANSPORTATION CAPABILITY: [ ] Public Bus    [ ] Handi-Van    Other: \_\_\_\_\_

2. Why are you applying to our agency at this time?

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3. What do you foresee as appropriate goals for the applicant?

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4. What are some of the applicant's hobbies, likes and dislikes?

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5. Please provide a brief description of challenging behaviors (including any history of self-abusive or violent behavior)?

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ANY HISTORY OF SUBSTANCE ABUSE \_\_\_\_\_

ANY HISTORY OF CONVICTIONS FOR OFFENSES AGAINST THE LAW: [ ] YES    [ ] NO

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**HEALTH CARE INFORMATION AND HISTORY**

**Please answer the following questions, whichever applies. Your answers are for our records only and will be considered confidential. *To be filled out by the applicant or his/her guardian, parent, caregiver or relative.***

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST PHYSICAL EXAM:      DATE: \_\_\_\_\_

DIAGNOSES: \_\_\_\_\_

\_\_\_\_\_

CAUSE OF INTELLECTUAL OR DEVELOPMENTAL DISABILITY: \_\_\_\_\_

VERIFICATION OF DISABILITY DIAGNOSES BY? \_\_\_\_\_

Name of Medical Doctor and/or Psychologist

IF MEDICATION IS NEEDED, DOES THE APPLICANT NEED ASSISTANCE IN TAKING HIS / HER

MEDICATION? [ ] YES    [ ] NO      If yes, please explain \_\_\_\_\_

DOES THE APPLICANT COOPERATE IN TAKING HIS / HER MEDICATION? [ ] YES    [ ] NO

If not, please explain: \_\_\_\_\_

**LIST ALL CURRENT MEDICATIONS BEING TAKEN:**

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

IS THE APPLICANT CURRENTLY UNDER THE CARE OF A PSYCHIATRIST? [ ] YES    [ ] NO

NAME OF PSYCHIATRIST: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON: \_\_\_\_\_

IS THE APPLICANT CURRENTLY UNDER THE CARE OF A SPECIALIST OTHER THAN HIS / HER

FAMILY DOCTOR [ ] YES    [ ] NO

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON: \_\_\_\_\_

ANY OTHER HEALTH CONDITION THAT NEED MEDICAL ATTENTION (including any present communicable disease, pre-natal care, etc.)? \_\_\_\_\_

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**FUNCTIONAL SKILLS ASSESSMENT**

<u><b>BEHAVIOR</b></u>	<b>YES</b>	<b>NO</b>	<u><b>TOILETING SKILLS</b></u>	<b>YES</b>	<b>NO</b>
Sexually / Socially Appropriate	[ ]	[ ]	Continent (no toileting accidents)	[ ]	[ ]
Self – Abusive	[ ]	[ ]	Able to use toilet without assistance	[ ]	[ ]
Aggressive	[ ]	[ ]	Toilets with physical assistance	[ ]	[ ]
Running Away	[ ]	[ ]	Please explain: _____		
Property Destruction	[ ]	[ ]	_____		
Please explain: _____					

<u><b>COMMUNICATION</b></u>	<b>YES</b>	<b>NO</b>	<u><b>PERSONAL HYGIENE</b></u>	<b>YES</b>	<b>NO</b>
Verbal	[ ]	[ ]	Bathes self independently	[ ]	[ ]
Non-verbal	[ ]	[ ]	Grooms self independently	[ ]	[ ]
Understands Simple Instructions	[ ]	[ ]	Needs physical assistance	[ ]	[ ]
Uses communication device	[ ]	[ ]	Please explain: _____		
Communicates through sign language	[ ]	[ ]	_____		
Please explain: _____					

<u><b>MOBILITY</b></u>	<b>YES</b>	<b>NO</b>	<u><b>DRESSING</b></u>	<b>YES</b>	<b>NO</b>
Ambulates	[ ]	[ ]	Dresses self independently	[ ]	[ ]
Ambulates with a device	[ ]	[ ]	Needs verbal reminders/prompts	[ ]	[ ]
Does Not Walk	[ ]	[ ]	Needs physical assistance	[ ]	[ ]
Moves About in a Wheelchair	[ ]	[ ]	Please explain: _____		
Please explain: _____					

<u><b>COGNITIVE / SOCIAL SKILLS</b></u>	<b>YES</b>	<b>NO</b>	<u><b>EATING</b></u>	<b>YES</b>	<b>NO</b>
Does household chores	[ ]	[ ]	Feeds Self Independently	[ ]	[ ]
Chooses / initiate leisure activity	[ ]	[ ]	Feeds Self with Assistance	[ ]	[ ]
Manages own money	[ ]	[ ]	Spoon / Syringe Fed	[ ]	[ ]
Socially interacts with others	[ ]	[ ]	Eating Problems	[ ]	[ ]
Please explain: _____			Please explain: _____		
_____			_____		

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**APPLICANT'S INCOME AND RESOURCE INFORMATION**

**Please check the resources of the applicant for payment of program fees and other personal expenses.**

- Supplemental Security Income** Payee: \_\_\_\_\_
- Social Security** Payee: \_\_\_\_\_
- Veteran's Benefits** Payee: \_\_\_\_\_
- Welfare / Public Assistance** Payee: \_\_\_\_\_
- Pension / Annuity** Payee: \_\_\_\_\_
- Parent / Family or Legal Guardian**
- Trust or Other Long-Term Financial Arrangement**
- Insurance (Please specify: \_\_\_\_\_)**
- Welfare Assistance—Medical:**  **Medicaid #** \_\_\_\_\_  **Medicare #** \_\_\_\_\_
- Private --- Medical Insurance:** \_\_\_\_\_ **Premiums paid by:** \_\_\_\_\_
- Private --- Dental Insurance:** \_\_\_\_\_ **Premiums paid by:** \_\_\_\_\_
- Funeral Plan / Burial Plot**
- Other (please specify):** \_\_\_\_\_

**IF ACCEPTED, WHEN WILL APPLICANT BE ABLE TO MOVE IN:** \_\_\_\_\_

**Additional information will be needed from the applicant after acceptance into ORI's program(s).**

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I certify that the information contained in this application is correct to the best of my knowledge and I am not falsifying or withholding any information from the Managing Agent, the U.S. Department of Housing and Urban Development, or the U.S. Department of Agriculture, Rural Development Administration. I authorize the Managing Agent, the U.S. Department of Housing and Urban Development or the Rural Development Administration to obtain and verify information about income, assets, personal data and conduct of this applicant. Sources of such information may include but are not limited to employers, social workers, welfare workers, resident managers, court records, vocational trainers, and police departments.

**DATE:** \_\_\_\_\_ **APPLICANT:** \_\_\_\_\_

**LEGAL GUARDIAN:** \_\_\_\_\_

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**CONSENT TO OBTAIN INFORMATION**

I hereby authorize Opportunities and Resources, Inc. / Helemano Village to obtain the following reports on: \_\_\_\_\_.

Name of Applicant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For the purpose of: \_\_\_\_\_

This consent may be withdrawn at any time upon written request of the applicant or legal guardian.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_

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SOCIAL BEHAVIOR	<u>RARELY</u>	<u>SOMETIMES</u>	<u>ALWAYS</u>	<u>COMMENTS</u>
Respects Authority				
Accepts Criticism				
Asks For Aid When Needed				
Accepts Responsibility				
Willingly Helps Other				
Listens to and Follow Directions				
Attends to Task				
Completes Task				
Works Well With Others				
Respects Property Of Others				
Cares For Personal Property				
Shares And Takes Turns				
Demonstrates Pride In Work				
Controls Temper				
Is Polite				
Demonstrate Appropriate Behavior w/ Opposite Sex				
Does Not Interrupt				
Behaves Appropriately With Strangers				



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**ADULT DAILY LIVING SKILLS INVENTORY**

<b>COMMUNITY INTERACTION SKILLS</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Uses Public Transportation					
Is Aware Of Public Transportation Available					
Uses Community Resources (library, stores, churches)					
Can Manage Money Independently					
Knows Community Resources Are Available					
Knows Value Of Coins and Dollar Bills					
Can Handle Bank Accounts					
Understands And Uses A Budget					
Shops For Clothes, Etc.					
Participates In Social Activities With Family					
Participates In Social Activities With Friends					
Participates in Social Activities With Peers					
Structures Own Leisure Time					
Enjoys Participating In Planned Activities					
Follows Rules When Playing Group Games					
Rides A Bicycle					
Entertains Self With Books, Magazines, Hobbies					
<b>KNOWLEDGE OF EMERGENCY PROCEDURES</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Can use Phones					
Knows Rudimentary First Aid					
Knows Fire Evacuation Procedures					
Knows Emergency Weather Procedures					

**LEGEND:** IND – Consistently Independent and Capable of Completing Task  
 PA – Needs Physical Assistance

VP – Needs Verbal Prompts or Occasional Reminders  
 DEP – Dependent on Others to Complete Task

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**ADULT DAILY LIVING SKILLS INVENTORY**

<b>HOUSEKEEPING: FOOD PREPARATION</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Washes Dishes					
Cleans Kitchen					
<b>HOUSEKEEPING: CLEANING</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Makes Bed					
Changes Bedding When Necessary					
Keeps Room Neat					
Dusts					
Sweeps					
Vacuums					
Washes Windows					
Cleans Bathrooms					
Takes Out Garbage					
<b>MAINTENANCE</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Changes Light Bulbs					
Washes A Car					
Defrosts A Refrigerator					
Cleans An Oven					
<b>COMMUNITY INTERACTION SKILLS</b>	<b>IND</b>	<b>PA</b>	<b>VP</b>	<b>DEP</b>	<b>COMMENTS</b>
Can Tell Time Accurately					
Can Tell Time To The Half-Hour					

**LEGEND:** IND – Consistently Independent and Capable of Completing  
 PA – Needs Physical Assistance

VP – Needs Verbal prompts or Occasional Reminders  
 DEP – Dependent on Others to Complete