**

**BUILDING COMMUNITIES OF FAITH AND LIFELONG HOMES**

**WITH PEOPLE WHO HAVE INTELLECTUAL DISABILITIES**

**Core Person Inquiry Form**

This form is intended to express interest by an adult who has an intellectual disability (or his/her advocate) in living in L’Arche as a “core person.” The form is not an application and does not guarantee placement in a L’Arche home. L’Arche does not have a first-come-first-served waiting list, but will contact those who are eligible who have filled out the inquiry form should there be an opening in a L’Arche home.

1. **Date form completed**
2. **Information about the person completing this form**

Name:

Phone number:

E-mail:

Relationship to person desiring to live in L’Arche:

1. **Information about the person with a disability desiring to live in L’Arche**

Name:

Address:

Phone number:

E-mail:

Date of birth:

Gender:

Guardian or authorized representative:

Current living situation:

1. **Information about current primary caregiver**

Name (of person or provider):

Address:

Phone number:

E-mail:

1. **Disabilities or conditions** (please circle or check all that apply):
	* Autism
	* Behavior challenges
	* Blindness/severe visual impairment
	* Cerebral palsy
	* Chemical dependency (specify)
	* Deafness/severe hearing impairment
	* Emotional disability
	* Epilepsy/seizure disorder
	* Head/spinal cord injury
	* Intellectual Disability
	* Specific learning disability
	* Speech impairment
	* Other (specify)
2. **At what age was the disability first diagnosed?**
3. **Functional abilities** (please circle all that apply)
4. Mobility:

Walks independently

Walks with aid like crutches or walker

Uses wheelchair

Can use stairs independently

1. Level of mobility assistance:

No need

Needs an assistive device

Sometimes needs the help of a person

Always needs the help of a person

c. Primary means of communication?

Speaks and can be understood by others

Uses sign language or communication device

Uses gestural communication

Does not speak but can understand what is said

Does not speak and does not understand what is said

Communicates by language other than English (specify language)

1. **Sources of funding available** (please circle all that apply):

1. SSI

2. SSDI

3. Medicaid Waiver

 (specify which Waiver and whether in DC or Virginia)

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5. Medicare Part A Part B

6. Prescription Drug Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Medicaid (specify DC or Virginia)

8. Private health insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Family or personal funds

10. Special Needs Trust

11. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Services Received**
	1. Does the person receive government-administered disability services (DDA in DC, DBHDS in VA)?
	2. If yes, which services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If no, is the person eligible for funding from DC or VA?

Thank you for filling out the inquiry form. If you would like to receive community updates and invitations to public events, please mark here: ­­­\_\_\_\_