**Core Person Inquiry Form**  
This form is intended to express interest by an adult who has an intellectual disability (or his/her advocate) for 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. We will contact those who have filled out the inquiry form and are eligible for consideration when we are actively looking to welcome a new core member(s) to our homes.  
  
**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 (ie: Self, Parent, Legal Guardian, Case Manager/Support Coordinator, etc.):

**3. 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:

**4. Information about current primary caregiver**

Name (of person or provider):

Address:

Phone number:

E-mail:

**5. Disabilities or medical diagnosis** (please circle or highlight all that apply):

* Autism
* Behavior challenges
* Blindness/severe visual impairment
* Cerebral palsy
* Chemical dependency (specify)
* Current or past history of anxiety, depression, or other mental illness (specify)
* Deaf/Hard of hearing
* Epilepsy/seizure disorder
* Intellectual disability
* Learning disability (specify)
* NG tube/other mealtime assistance
* Speech impairment
* Traumatic Brain Injury (TBI)/Spinal cord injury
* Other (specify)

**6. At what age was the disability first diagnosed?**

**7. Functional abilities** (please circle or highlight all that apply)

1. 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)

**8. Medicaid Waiver and Benefits Information** (please circle or highlight all that apply):

1. SSI
2. SSDI
3. Medicaid Waiver (specify which Waiver and whether in DC or Virginia)
4. Medicare Part A Part B
5. Medicaid (specify DC or Virginia)
6. Private health insurance (specify)
7. Employed (specify full or part time)
8. Special Needs Trust
9. Other (specify)

**9. Current Services Received**

* 1. Does the person receive government-administered disability services (DDA in DC, DBHDS in VA)?
  2. If yes, which services?
  3. If no, is the person eligible for funding from DC or VA?
  4. Is this person currently on a Waiver waitlist?

Thank you for filling out the inquiry form.

If you would like to receive L’Arche GWDC’s newsletter with community updates and invitations to public events, please check here: ­­­\_\_\_\_\_   
  
If yes, which email would you like the newsletter sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_