



## SILVER LININGS TRUST

### Resident Application Form

Please complete the application form in full, to the best of your knowledge, and attach the following:

- A certified copy of the applicant's *Identification Document*
- A recent clear photograph of the applicant
- Applicant's *biography* by a family member or social worker
- A medical *report* (by a qualified medical practitioner on the causes, the nature and the extent of the intellectual disability of the prospective resident, and his/her present state of health).
- A recent *psychologist or psychiatrists report*
- A *work performance report* from the most recent employer, training centre or school
- Proof of *future financial provision* for applicant (for life time stay)

#### PERSONAL DETAILS OF APPLICANT

Full Name and Surname \_\_\_\_\_

ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Home Language \_\_\_\_\_

Religious Denomination \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Postal Address \_\_\_\_\_

#### EDUCATIONAL AND SOCIAL BACKGROUND INFORMATION OF APPLICANT

##### 1. Scholarly achievements and schools or training centers attended

Name \_\_\_\_\_

Period attended From \_\_\_\_\_ Until \_\_\_\_\_

Name \_\_\_\_\_

Period attended From \_\_\_\_\_ Until \_\_\_\_\_

Name \_\_\_\_\_



Period attended From \_\_\_\_\_ Until \_\_\_\_\_

Highest Level of Education achieved \_\_\_\_\_



2. Working experience (e.g. applicant's attendance at protective workshop)

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3. Has applicant previously lived in an institution/group home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details and reason for leaving \_\_\_\_\_

**DETAILS OF FAMILY OF APPLICANT**

**PARTICULARS OF MOTHER OR FEMALE LEGAL GUARDIAN**

Name of Mother or Female Legal Guardian

First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Age and Identification Number \_\_\_\_\_

Current occupation \_\_\_\_\_

Current address \_\_\_\_\_

\_\_\_\_\_

Contact details Home No \_\_\_\_\_ Work No \_\_\_\_\_

Cell phone No \_\_\_\_\_ Email \_\_\_\_\_

**PARTICULARS OF FATHER OR MALE LEGAL GUARDIAN**

Name of Father or Male Legal Guardian

First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Age and Identification Number \_\_\_\_\_

Current occupation \_\_\_\_\_

Current address \_\_\_\_\_

\_\_\_\_\_

Contact details Home No \_\_\_\_\_ Work No \_\_\_\_\_



Cell phone No \_\_\_\_\_

Email \_\_\_\_\_



APPLICANT'S SIBLINGS

| Name  | Place where they live | Contact details (Cellphone/Landline) |
|-------|-----------------------|--------------------------------------|
| _____ | _____                 | _____                                |
| _____ | _____                 | _____                                |
| _____ | _____                 | _____                                |
| _____ | _____                 | _____                                |
| _____ | _____                 | _____                                |

PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES

Name of person responsible for payment of fees

First \_\_\_\_\_ Middle \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Age and Identification Number \_\_\_\_\_

Current occupation \_\_\_\_\_

Current address \_\_\_\_\_

\_\_\_\_\_

Contact details Home No \_\_\_\_\_ Work No \_\_\_\_\_

Cell phone No \_\_\_\_\_ Email \_\_\_\_\_

With whom did the applicant grow up?

Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-parent \_\_\_\_\_ Other (specify) \_\_\_\_\_



(You may tick more than one)

Type of Intellectual Disability

Birth injury \_\_\_\_\_ Lack of oxygen at birth \_\_\_\_\_ Congenital \_\_\_\_\_ Illness \_\_\_\_\_

Brain injury \_\_\_\_\_ Other (please specify) \_\_\_\_\_

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**APPLICANT'S FUNCTIONAL ABILITIES**

*\*When providing information below, please note that **'independent'** means that the applicant is able to do activities without ANY verbal reminder, supervision or physical assistance. As soon as the applicant requires support in doing daily activities, the activity being done is no longer 'independent', e.g. the applicant may be able to shave but frequently misses a spot and needs to be reminded to take care not to miss a spot. His ability to shave would then fall under the 'with verbal reminder' category.*

Is the applicant?

| <b>Mobility</b>  | <b>Tick</b> |
|--|-------------|
| 1) Able to walk independently on uneven grounds                                    |             |
| 2) Able to walk independently with assistive devices, e.g. cane, on uneven grounds |             |
| <i>Comment</i>   |             |

| <b>Sight</b>                   | <b>Tick</b> |
|--------------------------------|-------------|
| 1) Able to see well            |             |
| 2) Uses glasses                |             |
| 3) Blind/partially sighted     |             |
| 4) Requires partial assistance |             |
| 5) When last were eyes tested? |             |
| <i>Comment</i>                 |             |

| <b>Hearing</b>  | <b>Tick</b> |
|---|-------------|
| 1) Hearing is good  |             |
| 2) Has hearing impairment but able to function independently                              |             |
| 3) Has hearing impairment: communicated with difficulty and/or is a disturbance to others |             |
| 4) When last were ears tested?  |             |
| <i>Comment</i>  |             |



| <b>Cognition</b>                               | <i>Tick</i> | <i>Comment</i> |
|--|-------------|----------------|
| Responds to questions                          |             |                |
| Responds to directions/ instructions           |             |                |
| Follows single instructions                    |             |                |
| Orientation to self, others, time, place       |             |                |
| Able to maintain attention                     |             |                |
| Initiates familiar tasks                       |             |                |
| Completes familiar tasks                       |             |                |
| Able to recall very recent events              |             |                |
| Able to recall frequently repeated information |             |                |
| Able to learn a new (2-3 step) simple task     |             |                |
| Able to tell the time                          |             |                |

| <b>Communication</b>   | <i>Tick</i> | <i>Comment</i> |
|--|-------------|----------------|
| <b>Vocally:</b><br>- Single logical words<br>- Short, simple sentences<br>- Full sentences                               |             |                |
|  |             |                |
|  |             |                |
| <b>Non-verbally:</b><br>- Makes eye contact<br>- Shows recognition of familiar people<br>- Responds to facial expression |             |                |
|  |             |                |
|  |             |                |
|  |             |                |

| <b>Psychosocial abilities</b>                                   | <i>Tick</i> | <i>Comment</i> |
|---|-------------|----------------|
| Acts appropriately in familiar situations                       |             |                |
| Able to identify own basic feelings (Happy, sad, scared, angry) |             |                |
| Maintains emotional control                                     |             |                |
| Able to maintain appropriate behavior when provoked             |             |                |





|   |  |  |
|---|--|--|
| Refrains from teasing others                  |  |  |
| Able to make and keep appropriate friendships |  |  |

|   |  |  |
|---|--|--|
| Addresses peers & authority figures appropriately |  |  |
| Takes leadership from others                      |  |  |
| Motivated to participate in routine activities    |  |  |
| Motivated to complete tasks                       |  |  |
| Willing to learn                                  |  |  |
| Willingness to work in a team                     |  |  |
| Able to take initiative                           |  |  |
| Pursues goals                                     |  |  |
| Participates in group activities/ games           |  |  |
| Enjoys socializing with others                    |  |  |
| Tends to isolate self                             |  |  |

| <b>Behavior</b>                                  | <i>Tick</i> | <i>Comment</i> |
|--|-------------|----------------|
| Refuses to an extreme degree to cooperate        |             |                |
| Refuses frequently in a passive way to cooperate |             |                |
| Avoids cooperation                               |             |                |
| Co-operation usually short, not very responsive  |             |                |
| Co-operates willingly                            |             |                |
| Behavior towards others:                         |             |                |
| - Aggressive                                     |             |                |
| - Interferes with other people                   |             |                |
| - Disturbs others, can be a nuisance             |             |                |
| Initiates friendly & interactive relationships   |             |                |



|   |       |
|---|-------|
| Does the applicant have aggressive outbursts or uncontrollable behavior? If yes, how often does this occur? | <hr/> |
| Has the applicant ever been in conflict with the law?   | <hr/> |
| Does the applicant display demanding behavior?  | <hr/> |
| Does the applicant destroy property when angry/upset?   | <hr/> |
| Does the applicant self-injure when angry/upset?  | <hr/> |
| Does the applicant wander?  | <hr/> |
| Does the applicant cause a disturbance at night?  | <hr/> |
| Does the applicant seek reassurance frequently?   | <hr/> |
| Does the applicant display sexualized behaviors?  | <hr/> |
| Is the applicant over-active?   | <hr/> |
| Does the applicant have obsessive behaviors?  | <hr/> |
| Does the applicant display uncooperative, defiant and hostile behavior towards others?                      | <hr/> |
| What is the applicant's most difficult behavior to manage?  | <hr/> |



|  |       |
|--|-------|
| What kind of disciplining methods have been used with the applicant? | _____ |
| How does the applicant respond to discipline?                        | _____ |

|   |       |
|---|-------|
| How does the applicant respond to rules, structure, routine and figures of authority? | _____ |
| What triggers feelings of upset or anger in the applicant?                            | _____ |
| What calms the applicant down?  | _____ |

| <b>Activities of daily living</b>                                 |                    |   |                        |   |
|---|--------------------|---|------------------------|---|
| <b>Activity</b>   | <b>Independent</b> | <b>Requires reminder or supervision</b> | <b>With assistance</b> | <b>Requires someone else to do this</b> |
| Toilet usage  |                    |   |                        |   |
| Toilet control/continence<br>*during the day<br>*during the night |                    |   |                        |   |
| Sanitary/<br>menstrual care                                       |                    |   |                        |   |
| Brush hair  |                    |   |                        |   |
| Style hair  |                    |   |                        |   |
| Brush teeth   |                    |   |                        |   |
| Wash hands  |                    |   |                        |   |
| Shave   |                    |   |                        |   |
| Nail care (Hands, feet)   |                    |   |                        |   |
| Body care, e.g. moisturizing, facial hair removal                 |                    |   |                        |   |
| Bathing/<br>showering   |                    |   |                        |   |
| Dressing  |                    |   |                        |   |
| Undressing  |                    |   |                        |   |



|   |  |  |  |  |
|---|--|--|--|--|
| Choosing clothes                                |  |  |  |  |
| Changing into clean clothes/<br>clean underwear |  |  |  |  |
| Eating/drinking                                 |  |  |  |  |
| Medication use                                  |  |  |  |  |

How would you describe the applicant's appetite and eating habits? \_\_\_\_\_

Does the applicant have specific dietary needs? \_\_\_\_\_

| <b>Productive Activities</b>             |                    |   |                        |   |
|--|--------------------|---|------------------------|---|
| <b>Activity</b>                          | <b>Independent</b> | <b>Requires reminder or supervision</b> | <b>With assistance</b> | <b>Requires someone else to do this</b> |
| Making Bed                               |                    |   |                        |   |
| Caring for clothes:                      |                    |   |                        |   |
| - Washing                                |                    |   |                        |   |
| - Hanging                                |                    |   |                        |   |
| - Ironing                                |                    |   |                        |   |
| - Folding                                |                    |   |                        |   |
| - Mending                                |                    |   |                        |   |
| Cleaning:                                |                    |   |                        |   |
| - Sweep                                  |                    |   |                        |   |
| - Mop                                    |                    |   |                        |   |
| - Dust                                   |                    |   |                        |   |
| - Tidy                                   |                    |   |                        |   |
| Participating in chores around the house |                    |   |                        |   |
| Setting the table                        |                    |   |                        |   |
| Clearing the table                       |                    |   |                        |   |
| Making a sandwich                        |                    |   |                        |   |
| Making tea or coffee                     |                    |   |                        |   |
| Basic cooking skills, e.g. frying an egg |                    |   |                        |   |
| Buying an item at the shop               |                    |   |                        |   |
| Calculating basic change                 |                    |   |                        |   |
| Saving money                             |                    |   |                        |   |
| Using a phone                            |                    |   |                        |   |
| Taking a message                         |                    |   |                        |   |



Please provide information on the applicants sleeping patterns during the day and night?

| <b>Sexual Expression</b>              | <i>Tick</i> | <i>Comment</i> |
|---------------------------------------|-------------|----------------|
| Appropriate sexual behavior           |             |                |
| Inappropriate sexual behavior:        |             |                |
| - Masturbation in public              |             |                |
| - Taking off clothes in public        |             |                |
| - Forceful behavior towards others    |             |                |
| - Sexual intercourse in public places |             |                |

What is the applicant's awareness of sexuality and are there any problems/concerns around their sexuality?

What interests and hobbies (indoors and outdoors) does the applicant enjoy? \_\_\_\_\_

What dislikes does the applicant have? \_\_\_\_\_

Can the applicant do the following?

Cleaning \_\_\_\_\_ Arts & Crafts \_\_\_\_\_ Kitchen Chores \_\_\_\_\_ Beading \_\_\_\_\_

Manual Labour \_\_\_\_\_ Sport \_\_\_\_\_ Gardening \_\_\_\_\_

Can the applicant?

Read – No \_\_\_\_\_ Only Name \_\_\_\_\_ Words \_\_\_\_\_ Sentences \_\_\_\_\_ Yes \_\_\_\_\_

Write – No \_\_\_\_\_ Only Name \_\_\_\_\_ Words \_\_\_\_\_ Sentences \_\_\_\_\_ Yes \_\_\_\_\_

### HOLIDAY ARRANGEMENTS

Where will the applicant spend holidays and out-weekends?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_



MEDICAL QUESTIONNAIRE

MEDICAL HISTORY

Is the applicant a member of a Health Care Plan or Medical Aid Scheme? Yes\_\_\_\_\_No \_\_\_\_\_

If Yes, please give details

Name of Medical Scheme \_\_\_\_\_

Type of Scheme (Comprehensive/Hospital Plan) \_\_\_\_\_

Is applicant principal member or dependent? \_\_\_\_\_

Membership number\_\_\_\_\_

If No, is the applicant an outpatient of a hospital? Yes\_\_\_\_\_No\_\_\_\_\_

What is the applicants state hospital/ local clinic number?\_\_\_\_\_

WHO TO CONTACT IN CASE OF AN EMERGENCY

Full Name \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

Contact numbers

Cell Phone \_\_\_\_\_ Landline \_\_\_\_\_ Work \_\_\_\_\_

Alternative

Full Name \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

Contact numbers

Cell Phone \_\_\_\_\_ Landline \_\_\_\_\_ Work \_\_\_\_\_

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Allergies \_\_\_\_\_

Medic alert disc - Yes \_\_\_\_\_No\_\_\_\_\_If yes, for what condition?

Blood Group (if known) \_\_\_\_\_

Childhood Disease

\_\_\_\_\_

Smoker\_\_\_\_\_ History of alcohol/drug dependency\_\_\_\_\_

Sterilised\_\_\_\_\_Hysterectomy\_\_\_\_\_Birth Control\_\_\_\_\_If so, what method?\_\_\_\_\_



Known Medical Conditions

High blood pressure \_\_\_\_\_ Cholesterol \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_

Anxiety \_\_\_\_\_ Depression \_\_\_\_\_ Bi-Polar \_\_\_\_\_ Schizophrenia \_\_\_\_\_ Autism \_\_\_\_\_

Other \_\_\_\_\_

Previous Illnesses \_\_\_\_\_

\_\_\_\_\_

-

\_\_\_\_\_ Previous Surgeries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other medical history (injury, accident etc) of which you feel we should be aware?

MEDICATION TAKEN BY APPLICANT

| MEDICATION | DOSAGE | CONDITION |
|------------|--------|-----------|
|            |        |           |
|            |        |           |
|            |        |           |
|            |        |           |

NB – PLEASE NOTE

Should an applicant be accepted for a trial visit the following must be provided:

A current prescription.

At least 1 month’s medication handed to House Mother upon arrival.

4 tablet dispensing boxes – medium size.

Private Medical Practitioners

Should the applicant have particular doctors with whom they consult please advise below.

General Practitioner

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

Dentist



Name \_\_\_\_\_

Address \_\_\_\_\_





Tel No \_\_\_\_\_

Specialist

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

Please note: All information contained in this document is confidential and will be treated as such by Silver Linings Trust, its employees and assigns.

I, \_\_\_\_\_ (full name and ID number) hereby testify that the above information is correct to the best of my knowledge and that I will notify Camphill Village of any changes of this information.

My relationship to \_\_\_\_\_ (full name of applicant) is \_\_\_\_\_  
\_\_\_\_\_ (mother, father, legal guardian).

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

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