



CORE PERSON INQUIRY FORM

Welcome & Instructions

Thank you for your interest in L'Arche Atlanta! This form is intended for an adult who has an intellectual disability (or their advocate) to express interest in living in a L'Arche Atlanta home as a "Core Member." [Throughout the Inquiry Form, the interested Core Member is referred to as the "Interested Core Member."]

The form is not an official application and does not guarantee placement in a L'Arche home. L'Arche does **not** have a first-come-first-served waiting list but should there be an opening in a L'Arche home, we will contact those who have completed an inquiry form. This may be in several months or it may be several years, but we do store them indefinitely. There is a lengthy interview process to make sure L'Arche is a good fit for all involved!

Complete this form as thoroughly as possible. Note that by some check-marked items, additional information is requested. If an application is submitted that is partially completed, we will return it to be completed fully. If you do not have all the information at the time of filling out this form, please write something like "will check and let you know." If an item is not applicable to your situation, write "N/A"

If information changes, you are welcome to submit an updated form at any time. Please **indicate that the new form is an update from a previous submission.**

There is no need to contact L'Arche for opening updates, we will reach out to you if there is an opening. You are welcome to let us know of continued interest every 12 months. We will make note of your interest.

Form Submission

You may submit the form in any number of ways:

- Print out the form, hand write answers, and mail the form to:
L'Arche Atlanta, P.O. Box 2359, Decatur, GA 30031
- Print out the form, hand write answers, scan the form, and **email a digital copy** to: Matthew@larcheatlanta.org
- Type form answers in Microsoft Word and email the completed form to: Matthew@larcheatlanta.org

If you would like L'Arche **to mail a blank inquiry form to you**, please email Matthew@larcheatlanta.org to request a printed copy.

Questions about submitting this form? Email Matthew@larcheatlanta.org

Join L'Arche Atlanta!

We will give slight priority to those who express interest in L'Arche by being involved in our community. (If you want to live at L'Arche, you want to be involved with L'Arche, right?) We offer virtual and in-person events that are designed for families that include adults with disabilities. You can find out about upcoming events by:

- Signing up for L'Arche's **e-newsletter**: www.larcheatlanta.org/newslettersignup
- Checking our **Community Events webpage**: www.larcheatlanta.org/community-events
- Checking our **CONNEXIONS webpage**: www.larcheatlanta.org/connexions
- "Liking" and "Following" L'Arche Atlanta's **Facebook page**: www.facebook.com/larcheATL
- "Following" L'Arche Atlanta's **Instagram page**: www.instagram.com/larcheatlanta

Questions about getting involved? Email: Becca@larcheatlanta.org

Interested Core Member Questionnaire

Interested Core Member Basic Information

- First & last name:
- Mailing address:
- Email address:
- Telephone number:
- Date of birth:
- Gender:
- Race/ethnicity (optional):

Questions for the Interested Core Member:

- a. What do you like to do?
- b. What are some of your goals?
- c. What are some of your strengths or gifts?
- d. Who are some of the most important people in your life?
- e. What's important to you about where you live and who you live with?
- f. Do you want to live in community?
- g. What about living in community is attractive to you?
- h. What else would you like to tell us about yourself?

Disabilities

Please check, circle, or highlight **all that apply to you**:

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy/seizure disorder |
| <input type="checkbox"/> Behavioral challenges | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Blindness/severe visual impairment | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Chemical dependency (specify) | <input type="checkbox"/> Spinal cord injury |
| <input type="checkbox"/> Deaf / hard of hearing | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> Other (specify): | |

Additional commentary, if needed:

Care Needs

Please check, circle, or highlight **all that apply**.

a. Walking:

- I walk independently; no support needed
- I use stairs independently; no support needed
- I use an assistive device or support person (such as crutches, walker, or a sighted-guide)
- I use a wheelchair

Additional commentary, if needed:

b. The ability to transition from walking, to sitting, to standing, and to lying down:

- I makes those transfers independently; no support needed
- I need an assistive device (such as a walker, grab bars, or a mechanical lift)
- I sometimes require support from a person
- I always requires support from one or more persons

Additional commentary, if needed:

c. Eating:

- I eat independently; no support needed
- I use assistive devices (such as tremor-negating cutlery, blended foods, thickened fluids, etc.)
- I sometimes require support from a person
- I always require support from a person (for example, if there was a choking hazard)

Additional commentary, if needed:

d. Toileting and bathing:

- I toilet and bath myself independently; no support needed
- I use assistive devices (such as a shower bench, transfer boards, or a mechanical lift)
- I sometimes require support from a person
- I always require support from a person

Additional commentary, if needed:

e. Communication:

- I communicate with words
- I communicate with sign language or gestures
- I communicate with an augmentative device (such as a text-to-speech device)
- I communicate in writing
- I communicate primarily through behavior

Additional commentary, if needed:

f. Medication support:

- I take no daily medicine or
- I self-administer all my daily medications
- I require assistance with administering daily medications
- I require specialized administrations of medicines (such as injection or nebulization)
- I am prescribed medication that has tardive dyskinesia as a possible side effect (most commonly associated with antipsychotic medications);
- I regularly receive the administration of medicines at a clinic (for example, receiving infusions)

Additional commentary, if needed:

- g. Do you live with any of the following chronic health challenges?
- Asthma or other chronic respiratory challenges
 - Bowel challenges such as chronic constipation
 - Seizures
 - Skin integrity challenges such as persistent damage to skin, slow healing, or heightened risk of infection
 - Arthritis, chronic nerve and/or muscle pain
 - Sleep conditions such as sleep apnea, insomnia, narcolepsy
- Additional commentary, if needed:

h. Approximately how many times have you visited the emergency room within the past 12 months?

i. Approximately how many times have you been admitted to the hospital within the past 12 months?

j. For each of the following sets of statements, identify which statement feels more true about yourself:

Introversion / Extroversion

- I am a quieter person, I enjoy having some time to myself, and big groups can wear me out.
- I am outgoing, I am energized by other people, and time alone can leave me feeling sad and tired.

Flexibility / Rigidity

- I prefer to have some flexibility in my schedule, I'm comfortable with a little bit of uncertainty in my day, and I trust that my housemates and I will figure things out together as we go.
- I prefer a structured routine and enjoy knowing what is going to happen next. Having a plan and specific agreements is helpful for me.

Question: How does it make you feel whenever you have to change plans for someone else? Do you like it when people support you with making plans or a schedule? How important is it that everyone does the same thing?

Distress Tolerance

- I can become overwhelmed by stressful situations and may sometimes turn to unhealthy or even destructive ways of coping with those difficult emotions - ways of coping such as damaging the things around me, becoming aggressive towards others, or harming myself.
- I get upset from time to time, but I am usually able to tolerate that stress without turning to unhealthy or destructive ways of coping.

Question: How do you cope with stressful situations? What makes a situation stressful to you?

Community Life Dynamics

- When I'm in a group or with my family, I like to be the person who decides on our activities, food choices, etc. I dislike participating in activities that I didn't choose.
- Sometimes I am ok with other people choosing our group activities, food choices, movie choices, etc. Even if it wasn't my top choice, I will participate if I know that I can decide what we do next time.

Question: What do you do if someone does something that frustrates you or makes you angry?

Additional commentary:

Safety Concerns

Please check, circle, or highlight **all that apply**.

- History of challenging sexual behaviors
- Food seeking or food aggression
- Craving to eat non-food items (PICA)
- Property destruction
- Elopement
- Other (specify):**
- Hoarding
- Substance abuse/misuse
- Thoughts about killing myself
- Thoughts about killing someone else
- Risk of slipping/falling

Additional commentary, if needed:

Funding Sources Available

Please check, circle, or highlight **all that apply**.

- Medicaid waiver (either the COMP or NOW waivers)
- SSI
- SSDI
- Family or personal funds
- Special Needs Trust
- Other/Additional funding, **please describe:**

If you **do not** have a Georgia COMP Medicaid Waiver;

- a. Have you already applied for one?
- b. When did you apply?

Services Received

- a. Does the person currently receive services through DBHDD?

Which services:

- b. Does the person receive services in Georgia?

Which services:

- c. If not, is the person eligible for funding from GA?

Additional commentary, if needed:

Current Living Arrangement

- At home with parents
- At home with another relative; **Who? State name & relationship:**
- Nursing home; **Name/city, state:**
- Group home; **Name/city, state:**
- Other, **please specify:**

Additional commentary, if needed:

Previous L'Arche Involvement

Have you attended any L'Arche Atlanta CONNEXIONS/Community Events (in person or online)? Select one.

- None, we do not have the capacity to attend **because:**
- None, but we plan to start attending.
- Yes, once. **Which one? (Timeframe and event)**
- Yes, we attend regularly. Please list a couple of events attended:

Additional commentary, if needed:

Have you visited a L'Arche Atlanta house? Select one.

- No, not interested
- No, but I would like to.
- Yes, once.
- Yes, more than once.

Additional commentary, if needed:

How long have you been involved with the L'Arche community, through community events or other interactions?
Select one.

- I have not been involved yet
- Less than a year
- 1-3 years
- More than 3 years

Additional commentary, if needed:

Why have you chosen to apply to L'Arche Atlanta specifically, as opposed to another residential service provider?

If the person completing this form is not the core member, please provide your information below:

First & last name:

Phone number:

Email address:

Mailing address:

Relationship to Interested Core Member:

Is the Interested Core Member aware that this application is being submitted?

If not, please explain:

Interested Core Member's Current Primary Caregiver(s) Information:

PRIMARY CAREGIVER #1

First & last name:

Phone number:

Email address:

Relationship to the Interested Core Member?

PRIMARY CAREGIVER #2

First & last name:

Phone number:

Email address:

Relationship to the Interested Core Member?

Date Form was Completed:

- Email to: Matthew@larcheatlanta.org
- Mail to:
 - L'Arche Atlanta
 - P.O. Box 2359
 - Decatur, GA 30031

Mail does get lost! Please confirm receipt with Matthew Collins.

L'Arche Atlanta does not discriminate on the basis of race, ethnicity, color, ancestry, national origin, religion, creed, national origin, sex/gender, sexual orientation, gender identity and expression, age, disability, height, weight, physical or mental ability, veteran status, military obligations, or any other characteristic protected under applicable federal or state law. L'Arche Atlanta invites and celebrates diversity.