

**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](mailto:Matthew@larcheatlanta.org)
* Type form answers in Microsoft Word and email the completed form to: [Matthew@larcheatlanta.org](mailto:Matthew@larcheatlanta.org)

If you would like L’Arche **to mail a blank inquiry form to you,** please email [Matthew@larcheatlanta.org](mailto:Matthew@larcheatlanta.org) to request a printed copy.

**Questions about submitting this form?** Email [Matthew@larcheatlanta.org](mailto:Matthew@larcheatlanta.org)

**Join L’Arche!**

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](http://www.larcheatlanta.org/newslettersignup)
* Checking our **Community Events webpage**: [www.larcheatlanta.org/community-events](http://www.larcheatlanta.org/community-events)
* Checking our **CONNEXIONS webpage**: [www.larcheatlanta.org/connexions](http://www.larcheatlanta.org/connexions)
* “Liking” and “Following” L’Arche Atlanta’s **Facebook page**: [www.facebook.com/larcheATL](http://www.facebook.com/larcheATL)
* “Following” L’Arche Atlanta’s Instagram page: [www.instagram.com/larcheatlanta](http://www.instagram.com/larcheatlanta)

**Questions about getting involved?** Email: [Becca@larcheatlanta.org](mailto:Becca@larcheatlanta.org)

**Interested Core Member Questionnaire**

**Interested Core Member Basic Information**

First & last name:

Permanent mailing address:

Do they current reside at this address?

Email address:

Telephone number:

Date of birth:

Gender:

Race/ethnicity (optional):

**Person Completing this Form on behalf of the Interested Core Member**

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?

**Disabilities/Conditions**

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

* Autism
* Behavior challenges
* Blindness/severe visual impairment
* Cerebral palsy
* Chemical dependency (specify)
* Deafness/severe hearing impairment
* Diagnosis of mental illness
* Epilepsy/seizure disorder
* Intellectual Disability
* Specific learning disability
* Speech impairment
* Spinal cord injury
* Traumatic Brain Injury
* Undetermined
* **Other (specify):**

**Additional commentary, if needed:**

**At what age was a disability first diagnosed?**

**Functional Abilities**

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

1. Ambulation (ability to sit, stand, walk):

* Can sit, stand, walk independently; no support needed
* Can use stairs independently; no support needed
* Needs an assistive device (like crutches or walker)
* Uses a wheelchair

Additional commentary, if needed:

1. Need for transfer support (to move from one place to another place):

* Can transfer independently, no support needed
* Needs an assistive device
* Sometimes needs someone’s support
* Always needs someone’s support

Additional commentary, if needed:

1. Need for eating support:

* Can eat independently, no support needed
* Needs an assistive device
* Sometimes needs someone’s support
* Always needs someone’s support

Additional commentary, if needed:

1. Need for toileting or bathing support:

* Can toilet and bathe independently, no support needed
* Needs an assistive device
* Sometimes needs someone’s support
* Always needs someone’s support

Additional commentary, if needed:

1. Primary means of communication

* Speaks and can be understood by others
* Uses sign language or communication device
* Uses gestural communication
* Understands what others say
* Does not understand what others say

Additional commentary, if needed:

**Safety Issues**

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

* History of problematic sexual behaviors
* Food seeking
* PICA (craving to eat non-food items)
* Property destruction
* Elopement
* Hoarding
* Substance abuse/misuse
* Suicidal ideation
* Homicidal ideation
* Risk of slipping/falling
* **Other (specify):**

Additional commentary, if needed:

**Funding Sources Available**

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

* SSI
* SSDI
* Medicaid Waiver; **specify which Waiver (COMP, NOW, other?)**:
* Medicare; **Part A or Part B?**
* Prescription Drug Plan, **specify which plan:**
* Medicaid; **specify which type:**
* Private health insurance; **specify which insurer:**
* Family or personal funds
* Special Needs Trust
* Other/Additional funding, **please describe**:

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

1. Have you already applied for one?
2. When did you apply?

**Services Received**

1. Does the person receive services through DBHDD?

**Which services**:

1. Does the person receive services in Georgia?

**Which services:**

1. If no, 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 complete this interest form? (Why L’Arche?)

Date Form was Completed:

* Email to: [Matthew@larcheatlanta.org](mailto: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.**