



14299 Benedictine Lane, Ridgely, Maryland 21660
(410) 634-2112
(410) 634-2640 FAX

For Private Pay Candidates Only - A \$100.00 Application Fee (which is non-refundable) must accompany this application.

Name of Applicant: _____
(First) (Middle) (Last)

**Please attach
a recent picture
of applicant
here**

Date of Birth: _____

Social Security #: _____

Referring Agency: _____

For Benedictine Office Use Only

Date of Entry: _____

Date of Graduation/Discharge: _____

Reason for Discharge: _____

A. Funding Sources:

Funding Agency Contacts

Education Funding Agency Residential Funding Agency

Name of Contact Name of Contact

Title of Contact Title of Contact

Address Address

City, State Zip Code City, State Zip Code

Phone Email Phone Email

Fax Fax

B. Family Information:

1. Father (or Guardian)	Mother (or Guardian)
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
(City) (County)	(City) (County)
_____	_____
(State) (Zip)	(State) (Zip)
Occupation: _____	Occupation: _____
Phone: (Home) _____	Phone: (Home) _____
(Work) _____	(Work) _____
(Cell) _____	(Cell) _____
Email: _____	Email: _____

2. Person to be Notified in Emergency (other than either of the above):

Name _____ Relationship to Applicant _____

Phone: (Home) _____ (Other) _____

C. Information on Applicant:

1. Name of Applicant: _____

2. Address: _____

3. Birthplace: _____

4. Religion: _____

5. General description of the nature of applicant's disability: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Source of Income or Funding Agency: _____

Insurance Policy #: _____ Policy Group #: _____

Policy Start Date: _____ Policy End Date: _____

Insurance Company/Union Name and Address where claims are mailed:

Insurance Covers (Check all that apply): Hospital Outpatient (ie. lab work / physical therapy)
 Hospital Stays Doctor Visits Prescription Drugs
 Dental Care Vision Care Long-term care / nursing home

Does the applicant receive Medical Assistance? If so what kind? _____

If applicant receives Medical Assistance, please supply MA#: _____

7. Is applicant under medication at this time? Yes _____ No _____

Type / Frequency of administration: _____

Type / Frequency of administration: _____

Type / Frequency of administration: _____

8. Is applicant self-medicating? Yes _____ No _____

9. Allergies? (Food or Otherwise) Yes _____ No _____

List: _____

Allergy Medication: _____

10. Date of Last Physical: _____
Last Audiological: _____
Last Eye Exam: _____

Last Dental: _____
Last Psychological: _____
Last TB Test: _____

D. Medical and Physical:

1. Does applicant have any contagious conditions? Yes _____ No _____

Explain: _____

2. Does applicant wear glasses? Yes _____ No _____

3. Does applicant wear a hearing aide? Yes _____ No _____

4. Does applicant wear braces, use crutches, etc.? Does applicant need assistance to walk?

Explain: _____

5. Note any particular feminine problems: _____

6. Does applicant have any other special medical needs?:

7. Note any childhood illness associated with high persistent fever: _____

8. Accidents: _____
9. Seizures (Dates / Severity) :
First occurrence: _____
Latest occurrence: _____
(b) Medication: _____
(c) How well controlled: _____
10. Operations: _____

11. Coordination: Good_____ Fair_____ Poor_____
12. Note any developmental abnormalities, malformations, or stigmata: _____

13. Nervous Habits: (Tics, nail biting, etc.) _____

14. Present state of health: _____
15. Any significant history of trauma?: _____

E. Educational Data: (List most recent first)

1. List Schools Attended: School Name/Location	Year(s)	Grade Level and Estimate of Performance Level
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List Facilities Attended:

Facility Name/Location	Year(s)	Estimate of Performance
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Previous Attendance: Regular _____ Irregular _____

4. Present placement: _____

5. List successful sources of motivation: Concrete _____

Verbal _____

F. Social Data:

1. Social Life: Home _____

Elsewhere _____

2. Withdrawn? _____ Outgoing? _____ Aggressive? _____

3. Gets along well with others? _____

4. Any organized group activities? _____

5. _____

6. Interests

List Likes: _____

List Dislikes: _____

Hobbies / Interests: _____

G. Family Relationships

1. Natural or Adopted child: Natural Adopted

2. Siblings - Name (s) and Age (s): _____

3. Parents: Married Separated Divorced Other: _____

If not married, please note who has legal custody _____

If divorced, what is legal visitation agreement? _____

4. Note presence of any family illness: _____

5. Further comments: _____

H. Skills Checklist:

Mobility: Ambulatory Ambulatory with cane or walker Uses Wheelchair: type: _____

Can Transfer from wheelchair Yes _____ No _____

Dressing:

Can pack / unpack self: Independent Needs Verbal Prompts Needs Physical Assistance

Dresses self: Independent Needs Verbal Prompts Needs Physical Assistance

Can tie shoes: Independent Needs Verbal Prompts Needs Physical Assistance

Can button and Zipper Independent Needs Verbal Prompts Needs Physical Assistance

Can distinguish between clean/dirty clothing: Independent Needs Verbal Prompts Needs Physical Assistance

Showering:

Takes a shower Independent Needs Verbal Prompts Needs Physical Assistance

Shampoos hair Independent Needs Verbal Prompts Needs Physical Assistance

Dries off Independent Needs Verbal Prompts Needs Physical Assistance

Maintains body cleanliness Independent Needs Verbal Prompts Needs Physical Assistance

Toileting:

Uses toilet appropriately Independent Needs Verbal Prompts Needs Physical Assistance

Asks to use the toilet Independent Needs Verbal Prompts Needs Physical Assistance

Can wipe Independent Needs Verbal Prompts Needs Physical Assistance

Wears Depends: Yes _____ No _____ If yes, when are they worn? _____

Has a bathroom schedule: Yes _____ No _____ If yes, please describe: _____

Feeding:

Is able to use a fork Independent Needs Verbal Prompts Needs Physical Assistance

Is able to use a spoon Independent Needs Verbal Prompts Needs Physical Assistance

Is able to use a knife Independent Needs Verbal Prompts Needs Physical Assistance

Is able to use finger food Independent Needs Verbal Prompts Needs Physical Assistance

Is able to drink from a glass Independent Needs Verbal Prompts Needs Physical Assistance

Has the ability to eat a full serving: Yes _____ No _____ If no, please explain: _____

Special Dietary Restrictions: Yes _____ No _____ If yes, please explain: _____

Adaptive Equipment needed for Eating: Yes _____ No _____

Food Allergies: Yes _____ No _____ If yes, please list: _____

Food Dislikes – please list: _____

Night Time Routine:

Normally sleeps through the night Yes Yes, with few exceptions No

If no, please describe any and all irregularities in sleeping habits: _____

Communication:

Easily Communicates verbally Has difficulty communicating verbally Non-verbal

Uses a Communication Book Uses an Assistive Device Uses American Sign Language

Behavioral Information:

Is able to occupy themselves during free time? Yes No

If no what type of supervision is needed during free-time? _____

When angry, what does the applicant do? _____

How frequently does the applicant get angry? _____

What normally triggers the applicant's anger? _____

When the applicant is angry, are you able to redirect them and, if so, how?

Does the applicant have a current Behavioral Support Plan? No Yes. **If yes, please attach.**

Has the applicant ever been restrained? No Yes. If yes, when did this last occur and please describe

circumstances: _____

Reinforcers for positive behavior: _____

Swimming:

Can go swimming: Yes No Can submerge head under water: Yes No
Will enter pool with assistance: Yes No Can float and get face wet: Yes No
Can use a kickboard: Yes No Can swim independently in deep end: Yes No
Can support self in water, using specific stroke: Yes No

Estimated Swimming competence and comments: _____

I. Reference Information

How did you hear about Benedictine Programs & Services? _____

Why are you seeking admission to Benedictine Programs & Services for your child?

Is there any other pertinent information that you would like to share with us regarding the Applicant?

(Parent or Legal Guardian Signature) (Date)

(Agency Name if applicable)

(Agency Address)

(Agency City, County, State and Zip Code)

(Agency Telephone #) (Agency Fax #)

(Contact Person Email Address)

The Benedictine School for Exceptional Children admits students of any race, color, gender or gender identity, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender or gender identity, national and ethnic origin in admission of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.