

Admission Applicant Questionnaire



Camphill Village USA
84 Camphill Road
Copake, NY 12516
Attn: Admissions Committee

- Today's Date_____
- Please give a brief narrative description below of (applicant): _____.
- Applicant's Date of Birth_____
- Please send a photo

Applicant's Name: _____

Current life situation: _____

Reason for inquiry: _____

Primary Diagnosis: _____

Diagnosed with Developmental Disability prior to age 21? Yes/No At what age? _____

Seizures? Yes/No Please describe: _____

Current medications and reason for usage: _____

Describe self-care skills and needs: _____

Communications skills and needs: _____

Relationship to others, social skills and needs: _____

Describe level of sexual awareness: _____

Relation to work: work interests, attitudes and habits, work tolerance, skills and limitations:

Awareness of date, time, place: _____

Special interests, hobbies and free time activities: _____

Idiosyncrasies, obsessions, fears: _____

Tempers, outbursts, Violence to self and/or others? _____

Are there any other forms of antisocial or aggressive behavior? _____

Sense of danger? _____

Able to read and write? Tell time? Use the telephone? Deal with money? _____

General health and sleep habits: _____

Relationship to pain and illness: _____

Allergies? Yes/No Please describe: _____

Special diet? Yes/No Please describe: _____

Any special medical conditions we should know about? _____

If you have anything more to add, please continue on additional pages as needed.

Signed: _____ (if sent via email, please mail a hard copy.)

Printed Name: _____

Address: _____

City, State, Zip Code _____

Telephone: Daytime _____ Evening _____ Cell _____

Email: _____

Relationship to Applicant: _____
