



St. Louis Life

Application for Admission

The decision to enroll in a life-long residential community is a significant one. The St. Louis Life application process reflects this. Admissions decisions are made based on the "goodness of fit" between the applicant and the program. In order to establish this, we have established the following admissions process:

1. Complete the Application (including sections for parents and applicants) and submit to St. Louis Life with the non-refundable Application Fee of \$75.
2. Submit the following documents:
 - Recent (within 2 years) psycho-education battery that includes a cognitive evaluation, academic assessment, and projective testing.
 - Current physical from family physician with a copy of current immunization records
 - Reports from the most recent program attended
 - Three personal and academic/employment references—Using the attached form, these should NOT be completed by family members but should include teachers, guidance counselors, staff from previous programs, etc. Please include a stamped envelope addressed to St. Louis Life when asking individuals to complete them on behalf of the applicant. This will assist the person filling out the Recommendation Form in returning the form to St. Louis Life.
3. Interview and Initial Visit--Once the above information is received and reviewed a decision will be made it the applicant will be invited for the next stage of the process which will include an on site interview and visit. During the interview, the applicant will tour the facility and the specifics of the program will be outlined. The applicant and his/her family will have an opportunity to discuss any questions or concerns they may have.
4. Extended Visit--Upon successful completion of the interview process, a multi day visit will be scheduled. This visit will allow the applicant to participate in a typical day at St. Louis Life. The applicant will have an opportunity to view the program first hand and the staff will have the opportunity to determine the applicant's response to the program and its offerings.

St. Louis Life admits residents of any race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to residents at St. Louis Life. It does not discriminate on the basis of sex, race, color, religion, sexual orientation, national or ethnic origin in the administration of its educational programs, admissions policies, scholarship, or other organization administered programs.

Mail the completed application and related documents to:

Andy Conover, Executive Director
St. Louis Life
929 Rolling Thunder Drive
O' Fallon, MO 63368
636-561-1900
636-625-1901 FAX
aconover@stlouislife.org

Application Information

Date of Application: _____

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

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone: _____

Sex: M _____ F _____ Citizenship: _____

Date of Birth: _____ Social Security Number _____

Family Information

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

Street Address (If different from above) : _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone: _____

Email Address _____ Fax: _____

Occupation: _____

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

Street Address (If different from above) : _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone: _____

Email Address _____ Fax: _____

Occupation: _____

Parents Relationship (check all that apply):

____ Married ____ Divorced ____ Separated

____ Mother Remarried ____ Mother Deceased ____ Father Remarried ____ Father Deceased

Name of Stepmother: _____ Stepfather: _____

With whom does the applicant primarily reside? _____

Other children in the family:

Name: _____ Sex: ____ Age: ____

Name: _____ Sex: ____ Age: ____

Name: _____ Sex: ____ Age: ____

Name: _____ Sex: ____ Age: ____

Please indicate any family situation of which we should be aware:

Referral Information

Who referred you to St. Louis Life or how did you learn about the program?

Name: _____ Relationship: _____
(consultant, physician, friend etc.)

Address: _____

Phone: _____ Email: _____

Applicant Education/Prior Program Information

Name of current school/program: _____

Projected school/program completion date (if applicable): _____

School/Program contact: _____ Position: _____

School/Program address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____

Does your child receive support services (speech/language, OT, PT)? Yes _____ No _____

If yes, please list and describe:: _____

Former Schools or Programs Attended

Name: _____ Dates attended: _____

Name: _____ Dates attended: _____

Has the applicant ever been dismissed or suspended from any program? Yes _____ No _____

If yes, please describe the circumstances and date:

Medical Information

Is the applicant now, or has the applicant been under the care of a psychologist, psychiatrist or other professional counselor? If yes, please provide the name and address of the attending professional and reason for consultation.

Name: _____ Position: _____

Address: _____

Telephone: _____ Fax: _____

Reason for consultation: _____

What diagnoses have been given in regard to the applicant's disability?

What is the applicant's medication history (current and past)?

Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings? Yes _____ No _____

If yes, please describe: _____

Financial Information:

Individual (s) responsible for financial support of applicant: _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Other responsible parties (if applicable): _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Signatures

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant: _____ Date: _____

Signature of Financially Responsible Parry: _____ Date: _____

PARENTAL/GUARDIANSTATEMENT

On a separate sheet, please answer the following questions:

1. Describe your applicant's educational development. What are his/her current needs in this area?
2. Describe the applicant's social and emotional development. What are his/her current needs in this area?
3. Please describe the applicant's areas of strength, and how he/she will be an asset to the St. Louis Life community.
4. What are your hopes and realistic goals for the applicant's future?
5. How will living at St. Louis Life help in the attainment of these goals?
6. Please describe the applicant's ability to manage life skills (self-care, chores, laundry, money management, etc).
7. How do expect St. Louis Life to help the applicant? Describe areas of concern.

APPLICANTSTATEMENT

On a separate sheet, please answer the following questions. You may hand write or type the answers.

1. Why do you want to live at St. Louis Life?
2. What are some of your interests and hobbies?
3. What job experience have you had? What would you like to do for work in the future?
4. What is your disability as you understand it?
5. What is your greatest strength?
6. Why would you be a great addition to the St. Louis Life community?

2/12/09

St. Louis Life

Applicant Recommendation Form (Submit 3)

Name of Applicant: _____

Person Completing Form _____

Relationship: _____

Years Known Applicant: _____ Date: _____

Please rate the applicant in the following areas using the following scale (1 = Low, 5 = High):

Initiative	1	2	3	4	5
Motivation	1	2	3	4	5
Reliability	1	2	3	4	5
Self-Advocacy	1	2	3	4	5
General Attitude	1	2	3	4	5
Self-Sufficiency	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5
Ability to relate to teachers/staff	1	2	3	4	5
Ability to attend to daily schedule	1	2	3	4	5
Ability to make decisions	1	2	3	4	5
Ability to react in an emergency/follow health, safety rules	1	2	3	4	5
Ability to use people as resources	1	2	3	4	5
Emotional stability	1	2	3	4	5
Ability to cope with stress	1	2	3	4	5
Ability to adjust to new situations	1	2	3	4	5
Ability to separate own problems from those of others	1	2	3	4	5

Strengths of the applicant:

General comments and concerns: _____
