

**STUDENT APPLICATION QUESTIONNAIRE**

***\*PLEASE ATTACH A PHOTO OF THE APPLICANT\****

***Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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|  |  |  |
| **Print Name of Applicant** |  | **Applicant’s Date of Birth** |
|  |  |  |
| **Print Name of Parent/Guardian** |  | **Phone Number** |

**How did you hear about Triform?**

**Where and with whom does the applicant now live?**

**Current school placement and/or program?**

**When is placement needed?**

**Primary Diagnosis:**

**Secondary Diagnosis:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Seizures?** |  | **Yes** |  | **No** |

**If yes, please describe:**

**Current medications/Dose/Reason(s) for Use:**

**Medication\_\_\_\_\_ Dose\_\_ \_\_Reason(s) for Use\_\_**

**Current or past therapies:**

**Education history and experiences:**

**Describe self-care skills and needs:**

**Communication skills and needs (speech, hearing, vision):**

**Relationship to others, social skills and needs:**

**Relationship with children—Can the applicant live and be around small children?**

**How does the applicant feel about animals—pets, bugs, farm animals?**

**Enjoy participation in group activities?**

**Describe level of sexual awareness including behavior disorders or problems, if any:**

**Has the applicant been assessed for ability to consent to a relationship?**

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

**Response to direction when undertaking tasks?**

**Describe any hobbies, strengths, interests, special abilities, talents and free time activities:**

**Orientation in space and time:**

**Idiosyncrasies, taboos, obsessions, fears?**

**Response to frustration and/or emotional distress?**

**Temper? Outbursts? Violence to self and/or others?**

**How are anger and frustration exhibited?**

**Are there other forms of antisocial or aggressive behavior?**

**Sense of danger?**

**Tendency to wander off or run away?**

**Has there been a Functional Behavior Analysis?**

**Has there been a Behavior Plan in place?**

**Is there or has there ever been a Fabrication Plan in place? (Tendency to fabricate stories about people, events or behaviors of others?)**

**Able to read and write? Tell time? Use of telephone? Deal with money?**

**General health?**

**Sleep habits? Please describe any difficulties or problems, if any:**

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| --- | --- | --- | --- | --- |
| **Allergies?** |  | **Yes** |  | **No** |

**If yes, please describe:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special Diet?** |  | **Yes** |  | **No** |

**If yes, please describe:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Eating disorder/obsessions?** |  | **Yes** |  | **No** |

**If yes, please describe:**

**Relation to food, in general?**

**Relationship to pain and illness:**

**Any special medical conditions we should know about:**

**Please let us know any other relevant information that may help us to know and understand the applicant.**

**Fee Statement:** *Please note that* ***Triform Camphill Community*** *is a private, residential therapeutic community with a current annual tuition of $*70,826. *(effective July 1, 2023). Eligible New York State residents may apply for Triform’s Medicaid funded Group Day Habilitation program (non-residential) offered Monday-Friday, 8:30 am-1 pm.*

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| **Print Name of Parent/Guardian/Advocate** | | |  | **Signature of Parent/Guardian/Advocate** | | |  | **Date** | |
|  | | |  |  | | |  |  | |
| **Address** | | |  | **City** | | |  | **State & Zip** | |
|  |  |  | | |  |  | | |
| **Home Phone** |  | **Cell Phone** | | |  | **Email** | | |

**Relation to the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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