Residential Services
(337) 988-0640
(337) 988-0813 Fax

303 New Hope Road
Lafayette, LA 70506
www.lafayettelarc.org
residential@lafayettelarc.org

Leading the Way for Persons with Developmental Disabilities

Application for Residential Services

FULL NAME:

BIRTHDATE: / / PHONE: ( ) - SEX:

RACE: SOCIAL SECURITY#: - - MARITAL STATUS:

BIRTH PLACE: HT: WT:

HAIR COLOR: EYE COLOR: LEGAL STATUS:

IDENTIFYING MARKS:

ADDRESS:
Street City State Zip

MEDICAID #:

MEDICARE# CITIZENSHIP:

RELIGIOUS PREFERANCE:

LANGUAGE (S) SPOKEN/ UNDERSTOOD:

DOS IN U.S. ARMED SERVICES: SOURCE OF SUPPORT:

NAME OF FATHER OF APLLICANT:

ADDRESS:
Street City State Zip Code

SOCIAL SECURITY#: - - PHONE: ( ) -

NAME OF MOTHER OF APLLICANT:

ADDRESS:
Street City State Zip Code

SOCIAL SECURITY#: - - PHONE: ( ) -

NAME OF KIN/GUARDIAN/RESPONSIBLE OF APLLICANT:

ADDRESS:
Street City State Zip Code

PHONE: ( ) - DATE OF ADMISSION:

REFERRAL AGENCY/ HOSPITAL:

NAME:

ADDRESS:
Street City State Zip Code

PHONE: ( ) -

REASON FOR ADMISSON:

ADMITTING DIAGNOSIS:

CURRENT DIAGNOSIS:

MEDICAL INFORMATION (ALLERCIES/GENERAL HEATH):

MEDICAL HISTORY
(PLEASE CHECK AND GIVE DATE)

- MEASLES
- MENINGITITIS:
- CHICKEN POX:
- POLIO
- GERMAN MEASLES
- SCAELET FEVER:

☐ MUMPS: ☐ PNEUMONIA:

☐ ENCEPHALITIS: ☐ SEIZURE: (DX DATE)

NOTES:

OTHER SERIOUS ILLNESSES/ ACCIDENTS/INJURY NOT LISTED ABOVE, INCLUDE DATE:

RECENT HOSPITALIZATION:

CURRENT MEDICATIONS:

OVER THE COUNTER MEDICATIONS:

MENSTRUAL HISTORY

AGE OF ONSET USUAL # DAYS CRAMPING: Y N

MEDICATION REQUIRED: Y N IF YES, TYPE

ASSITANCE NEEDED: Y N PRODUCT USED:

GYN LAST EXAM LAST PAP

LAST MAMMOGRAM

DENTAL HISTORY

DENTIST LAST EXAM

ASSISTANCE REQUIRED: Y N

VISION

GLASSES: Y ☐ N ☐ EYE DOCTOR: _____ LAST EXAM _____

FAMILY HISTORY

M=MOTHER F=FATHER S=SIBLING GP=GRANDARENT

☐ DM	☐ KIDNEY DISEASE	☐ STROKE
☐ LIVER DISEASE	☐ HEART DISEASE	☐ GOUT
☐ HTN	☐ EPILEPSY	☐ ASTHMA
☐ ARTHRITIS	☐ STOMACH PROBLEM	☐ CANCER (TYPE)

CONCERNS/COMMENTS:

CHOICE OF OTHER SERVICE PROVIDERS:

NAME OF FUNERAL HOME:

SIGNATURE: _____

PRINTED NAME: _____