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MINICO
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ADULT RESIDENTIAL FACILITY
DEVELOPMENTALLY DISABLED RESIDENT SUPPLEMENTAL APPLICATION

Named Insured:	
Resident # Please use the same # for them as the resident profile on the application: _____	
Disability Level ***Circle the disability level that describes the resident***	**Description**
Mild	Highly self-sufficient, needs intermittent supports with more complex decisions. Occasional help with life decisions, uncertainty, stress. Reminders for finances, nutrition, shopping and transportation. Has adequate communication skills and can be successfully independently employed.
Moderate	Can achieve moderate self-sufficiency with regular limited support. Limited grasp of social complexity. Occasional support needed to navigate everyday situations. Cues and reminders needed for many self-care activities. Independent employment is possible with appropriate supervision.
Severe	Basic communication skills. Supervision required for most activities. Some self-care is possible but typically requires safety supervision and daily cues or assistance.
Profound	Limited communication skills. Regular intervention required to help the individual function.

Does the resident have any of the listed mental or Intellectual disorders?

Major and Unipolar Depression	☐ Yes ☐ No
Dissociative Disorders	☐ Yes ☐ No
Impulse Control Disorders	☐ Yes ☐ No
Sexual Disorders – recurrent sexually arousing fantasies, urges, or behaviors	☐ Yes ☐ No
Suicide Ideation - thoughts about suicide	☐ Yes ☐ No

Where was the resident living before the insured's facility?

How long has the resident been living at the insured's facility?

Does the resident leave the home to go to a job, doctors' appointments, shopping, etc.? ☐ Yes ☐ No

If YES, are they accompanied by one of the following? ☐ Family Member ☐ Personal Assistant ☐ Self ☐ Other

If no one accompanies the resident(s), what mode of transportation do they use?

Please describe:

List the primary support types provided for this resident:

Does the resident interact well with the other residents and staff? ☐ Yes ☐ No

Applicant Signature: _____

Title: _____

Date: _____

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