

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 <i>Circle the disability level that describes the resident</i>	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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dissociative Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impulse Control Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Disorders – recurrent sexually arousing fantasies, urges, or behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicide Ideation - thoughts about suicide	<input type="checkbox"/> Yes <input type="checkbox"/> 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.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, are they accompanied by one of the following? <input type="checkbox"/> Family Member <input type="checkbox"/> Personal Assistant <input type="checkbox"/> Self <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

FRAUD WARNING (APPLICABLE IN CALIFORNIA AND ARIZONA)

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN OREGON)

Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN WASHINGTON)

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Applicant Signature: _____

Title: _____

Date: _____