



# MY HEART'S APPEAL, INC.

EVERYONE CAN BE **PRODUCTIVE**

## Application for Admission

My Heart's Appeal Center (MHAC) has a waiting list for services. A preliminary decision for admission is based on the applicant's initial interview summary, assessments, evaluations and records of previous placements to assist in determining if the applicant's adaptive level of functioning is consistent with the Agency's program capabilities. This information is reviewed by the Admission's Committee.

No applicant is guaranteed placement.

All qualified applicants are added to the waiting list once the Admission's Committee approves him/her to participate in an initial assessment period. A start date is scheduled as opening becomes available.

The final admission decision for Admissions is made by the Committee once the assessment period has been completed. At times, MHAC is not an appropriate placement for the applicant. In such cases, referral information and assistance is provided.

### Guidelines/Criteria for Admission into My Heart's Appeal Center:

1. The individual must meet the eligibility criteria for the specific program applying to and its funding sources.
2. The individual must be appropriate for vocational training or specific services or programs MHAC provides.
3. Applicant will not be eligible if prone to violence and/or have a current history of aggressive or violent behavior.

Date \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_

Current Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Living Arrangement:  Family  Spouse  Child(ren)  Other \_\_\_\_\_

Type of Dwelling:  House  Group Home  Other \_\_\_\_\_

Program/s you would like to apply for  Connie Thrash McGoodwin Vocational Training Services Program (workshop)  MHA Community Service Programs  MHA Residential Services  Transportation Services  MHA Recreational Programs  MHA Commercial Programs

Have you ever attended MHAC?  Yes  No

If yes, dates attended and program involved in: \_\_\_\_\_

Would you need transportation to come to the program?  Yes  No

Have you been approve for services though any agency  Yes  No  Not Sure

Government  Private or  Public Agency? Agency Name \_\_\_\_\_

What type of funding source do you have?  Government Funded Vocational Services Waiver

Government Funded Community Based Services Waiver  Agency Program Scholarship Funds

If on a waiver, who is your county/country contact, address and telephone number?

What school did you last attend? \_\_\_\_\_

Did you graduate?  Yes  No If yes, what year? \_\_\_\_\_

If no, what was the reason you did not graduate? \_\_\_\_\_

Have you ever attended or work in any similar program like MHAC?  Yes  No

Have you ever attended a Vocational School (voc-tech) before? Yes  No

If yes to either above, please list

| Name of Program | Location/Address | Dates Attended |
|-----------------|------------------|----------------|
|                 |                  |                |
|                 |                  |                |
|                 |                  |                |

Have you ever worked and received pay from a job in the community?  Yes  No

If yes, please list:

| Name of Employer | Position/Title | Dates of Employment |
|------------------|----------------|---------------------|
|                  |                |                     |
|                  |                |                     |
|                  |                |                     |

Please list any health, mental health, clinic, hospital or government agencies with which you have had contact within the past 12 months.

| Agency Name | Location/Address | Reason for Contact | Contact Person's Name |
|-------------|------------------|--------------------|-----------------------|
|             |                  |                    |                       |
|             |                  |                    |                       |
|             |                  |                    |                       |

Have you ever been convicted of any crime in the community or been to jail?

Yes       No

If yes, please state the reason and what were the results of the case.

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It is important that the Agency is aware of any convictions or if you have pled guilty to any crime. The existence of a criminal record will not necessarily keep you from participating in the program. Factors such as date of offense, age at the time of offence, seriousness and nature of the offense will be taken into consideration.

Do you use any special device/equipment? (check all that apply)

Dentures    Cane    Walker    Wheel Chair    Prosthesis    Other \_\_\_\_\_

Last Hospitalization Date: \_\_\_\_\_ Where: \_\_\_\_\_

Reason: \_\_\_\_\_

Please list current and past medical problems and disabilities: \_\_\_\_\_

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**Thank You For Completing This Application In Detail.**

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for admission are true and complete.

I understand the program at My Heart's Appeal Center has policies on behaviors and specific attendance requirements. Leave benefits are limited according to contract standards. Excessive absences or inappropriate behaviors can result in discharge from the program.

I understand that I need to let the Agency know if I have been convicted of or pleaded guilty to any crime. I understand it is my responsibility to inform the Agency during the application process and during the time I am receiving services from My Heart's Appeal Center. Failure to do so could jeopardize my ability to participate.

I understand if payment for a service or program is not made according to the Agency's established policies that I and/or my family will be responsible for payment of the amount due.

I understand that under no circumstances can this Agency be under any obligation to me; and that I am a service recipient and not an employer of this Agency. I further understand that my admission and training is dependent upon my needing such assistance and my willingness to help myself, including the voluntary performance of such duties as may be assigned to me.

I understand My Heart's Appeal Center is a private non-profit entity and is not obligated or mandated to provide services to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Family/Guardian/Caregiver

\_\_\_\_\_  
Date