



## St. Louis Life

### Application for Admission

The decision to enroll in a life-long residential community is a significant one. The St. Louis Life application process reflects this. Admissions decisions are made based on the "goodness of fit" between the applicant and the program. In order to establish this, we have established the following admissions process:

1. Complete the Application (including sections for parents and applicants) and submit to St. Louis Life with the non-refundable Application Fee of \$75.
2. Submit the following documents:
  - Recent (within 2 years) psycho-education battery that includes a cognitive evaluation, academic assessment, and projective testing.
  - Current physical from family physician with a copy of current immunization records
  - Reports from the most recent program attended
  - Three personal and academic/employment references—Using the attached form, these should NOT be completed by family members but should include teachers, guidance counselors, staff from previous programs, etc. Please include a stamped envelope addressed to St. Louis Life when asking individuals to complete them on behalf of the applicant. This will assist the person filling out the Recommendation Form in returning the form to St. Louis Life.
3. Interview and Initial Visit--Once the above information is received and reviewed a decision will be made it the applicant will be invited for the next stage of the process which will include an on site interview and visit. During the interview, the applicant will tour the facility and the specifics of the program will be outlined. The applicant and his/her family will have an opportunity to discuss any questions or concerns they may have.
4. Extended Visit--Upon successful completion of the interview process, a multi day visit will be scheduled. This visit will allow the applicant to participate in a typical day at St. Louis Life. The applicant will have an opportunity to view the program first hand and the staff will have the opportunity to determine the applicant's response to the program and its offerings.

St. Louis Life admits residents of any race, color, religion, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to residents at St. Louis Life. It does not discriminate on the basis of sex, race, color, religion, sexual orientation, national or ethnic origin in the administration of its educational programs, admissions policies, scholarship, or other organization administered programs.

#### **Mail the completed application and related documents to:**

Andy Conover, Executive Director  
St. Louis Life  
929 Rolling Thunder Drive  
O' Fallon, MO 63368  
636-561-1900  
636-625-1901 FAX  
[aconover@stlouislife.org](mailto:aconover@stlouislife.org)

**Application Information**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Family Information**

Name of Father: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address (If different from above) : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address (If different from above) : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parents Relationship (check all that apply):

\_\_\_\_ Married      \_\_\_\_ Divorced      \_\_\_\_ Separated

\_\_\_\_ Mother Remarried    \_\_\_\_ Mother Deceased    \_\_\_\_ Father Remarried    \_\_\_\_ Father Deceased

Name of Stepmother: \_\_\_\_\_ Stepfather: \_\_\_\_\_

With whom does the applicant primarily reside? \_\_\_\_\_

Other children in the family:

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Please indicate any family situation of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Information**

Who referred you to St. Louis Life or how did you learn about the program?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(consultant, physician, friend etc.)

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Education/Prior Program Information**

Name of current school/program: \_\_\_\_\_

Projected school/program completion date (if applicable): \_\_\_\_\_

School/Program contact: \_\_\_\_\_ Position: \_\_\_\_\_

School/Program address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does your child receive support services (speech/language, OT, PT)?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list and describe:: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Former Schools or Programs Attended**

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Has the applicant ever been dismissed or suspended from any program?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the circumstances and date:

**Medical Information**

Is the applicant now, or has the applicant been under the care of a psychologist, psychiatrist or other professional counselor? If yes, please provide the name and address of the attending professional and reason for consultation.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for consultation: \_\_\_\_\_

\_\_\_\_\_

What diagnoses have been given in regard to the applicant's disability?

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What is the applicant's medication history (current and past)?

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Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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**Financial Information:**

Individual (s) responsible for financial support of applicant: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other responsible parties (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signatures**

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Financially Responsible Parry: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL/GUARDIANSTATEMENT**

On a separate sheet, please answer the following questions:

1. Describe your applicant's educational development. What are his/her current needs in this area?
2. Describe the applicant's social and emotional development. What are his/her current needs in this area?
3. Please describe the applicant's areas of strength, and how he/she will be an asset to the St. Louis Life community.
4. What are your hopes and realistic goals for the applicant's future?
5. How will living at St. Louis Life help in the attainment of these goals?
6. Please describe the applicant's ability to manage life skills (self-care, chores, laundry, money management, etc).
7. How do expect St. Louis Life to help the applicant? Describe areas of concern.

**APPLICANTSTATEMENT**

On a separate sheet, please answer the following questions. You may hand write or type the answers.

1. Why do you want to live at St. Louis Life?
2. What are some of your interests and hobbies?
3. What job experience have you had? What would you like to do for work in the future?
4. What is your disability as you understand it?
5. What is your greatest strength?
6. Why would you be a great addition to the St. Louis Life community?

2/12/09

**St. Louis Life**

**Applicant Recommendation Form (Submit 3)**

Name of Applicant: \_\_\_\_\_

Person Completing Form \_\_\_\_\_

Relationship: \_\_\_\_\_

Years Known Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the applicant in the following areas using the following scale (1 = Low, 5 = High):

Initiative	1	2	3	4	5
Motivation	1	2	3	4	5
Reliability	1	2	3	4	5
Self-Advocacy	1	2	3	4	5
General Attitude	1	2	3	4	5
Self-Sufficiency	1	2	3	4	5
Ability to relate to peers	1	2	3	4	5
Ability to relate to teachers/staff	1	2	3	4	5
Ability to attend to daily schedule	1	2	3	4	5
Ability to make decisions	1	2	3	4	5
Ability to react in an emergency/follow health, safety rules	1	2	3	4	5
Ability to use people as resources	1	2	3	4	5
Emotional stability	1	2	3	4	5
Ability to cope with stress	1	2	3	4	5
Ability to adjust to new situations	1	2	3	4	5
Ability to separate own problems from those of others	1	2	3	4	5

Strengths of the applicant:

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General comments and concerns: \_\_\_\_\_

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