

The Meadows

1000 South Kelly Avenue

Edmond, OK 73003

Telephone 405-348-4470

Fax 405-430-5395

Email: meadowsokc@sbcglobal.net

WORKER APPLICATION

DATE OF APPLICATION: _____ HIRE DATE: _____

SOCIAL SECURITY NO: _____ BIRTH DATE: _____

PLACE OF BIRTH: _____

PERSONAL INFORMATION

NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

NUMBER

STREET

APT. NO.

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ HOW LONG AT THIS ADDRESS? _____

AGE: _____ SEX: M or F (CIRCLE ONE) MARITAL STATUS: _____

U.S. CITIZEN: Y or N (CIRCLE ONE)

IS APPLICANT OWN LEGAL GUARDIAN? Y or N (CIRCLE ONE)

IF NO: GUARDIAN NAME(S) _____

ADDRESS: _____

NUMBER

STREET

APT. NO.

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL NUMBER: _____

*ATTACH COPY OF GUARDIANSHIP PAPERS

PRIMARY DISABILITY: _____

CAUSE (CONGENITAL, TRAUMA, GENETIC): _____

SECONDARY DISABILITY: _____

SEIZURE DISORDER PRESENT: Y or N (CIRCLE ONE)

IS APPLICANT AMBULATORY: Y or N (CIRCLE ONE)

IF NO, PLEASE DESCRIBE LIMITATIONS: _____

HEARING PROBLEMS? Y or N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: _____

VISION PROBLEMS? Y or N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: _____

PHYSICAL LIMITATIONS? Y or N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: _____

SPECIAL NEEDS? Y or N (CIRCLE ONE) IF YES, PLEASE DESCRIBE: _____

NAME(S) OF ANY MEDICATIONS APPLICANT IS TAKING:

- 1) _____ 2) _____
- 3) _____ 4) _____
- 5) _____ 6) _____

SCHOOL(S) ATTENDED

DATES

_____	_____
_____	_____
_____	_____

RESIDENTIAL PLACEMENT (HOME, INSTITUTION, GROUP HOME, ICFMR, ICF, SEMI-INDEPENDENT, INDEPENDENT, ETC.) _____

PROGRAMS APPLICANT IS CURRENTLY INVOLVED IN:

STATE-FUNDED WORKSHOP SERVICES: ____ IN-HOME SUPPORTS WAIVER: ____
 WAIVER SERVICES-RESIDENTIAL: ____ WAIVER SERVICES-VOCATIONAL: ____
 OTHER SERVICES (PLEASE LIST): _____

NONE: _____

FAMILY INFORMATION

FATHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
NUMBER STREET APT. NO.

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
NUMBER STREET APT. NO.

HOW LONG AT THIS EMPLOYER? _____

MOTHER: _____

**ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
NUMBER STREET APT. NO.

**HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____
NUMBER STREET APT. NO.

HOW LONG AT THIS EMPLOYER? _____

** IF INFORMATION IS DIFFERENT FROM FATHER.

SIBLINGS:

NAME **AGE** **LIVING WITH PARENT(S)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRE-EMPLOYMENT INFORMATION

SOCIAL SECURITY INCOME: _____

MEDICARE: Y or N (CIRCLE ONE) **MEDICAID:** Y or N (CIRCLE ONE)

LIFE INSURANCE POLICY: Y or N (CIRCLE ONE)

IF YES, INSURANCE COMPANY NAME: _____

ADDRESS: _____

CITY: _____ NUMBER STREET **STATE:** _____ **ZIP:** _____ APT. NO.

PHONE NUMBER: _____ **FAX NUMBER:** _____

COMMENTS/MISCELLANEOUS INFORMATION ABOUT INDIVIDUAL: _____

FOR MEADOWS USE ONLY

PRE-EMPLOYMENT ASSESSMENT REQUIRED FOR CONSIDERATION

DATE RECEIVED

1. PSYCHOLOGICAL EVALUATION

(WAIS-R, STANFORD-BINET, ETC.--within last 24 months for private or state-funded)

2. ANY OTHER ASSESSMENT AS APPLICABLE TO INDIVIDUAL (Behavior Plan, Current IP, etc.)

3. CERTIFICATION/APPROVAL FOR SERVICES

(DDSD STATE FUNDED OR WAIVER SERVICES)



Oklahoma Department of Human Services
Sequoyah Memorial Office Building, 2400 N. Lincoln Blvd. • Oklahoma City, OK 73105
(405) 521-3646 • Fax (405) 521-6684 • Internet: www.okdhs.org

Eligibility Requirements

To be eligible for services funded by the Home and Community-Based Waiver, a person must:

1. be a resident of the State of Oklahoma;
2. be determined to have a disability, with a diagnosis of mental retardation, by:
 1. the Social Security Administration; or
 2. the Oklahoma Health Care Authority, Level of Care Evaluation Unit;
3. be three years of age or older;
4. be determined by the Oklahoma Health Care Authority, Level of Care Evaluation Unit, to meet the ICF/MR Institutional Level of Care requirements;
5. be determined financially eligible through the DHS Family Support Services Division;
6. not be simultaneously enrolled in any other Medicaid waiver program;
7. not be residing in a hospital, nursing facility, or ICF/MR (Intermediate Care Facility for the Mentally Retarded); and
8. meet other waiver-specific eligibility criteria.

To be eligible for services funded by the In-Home Support Waivers, a person must:

1. meet the above listed criteria;
2. reside in the family's home or his or her own home; and
3. have critical support needs that can be met through a combination of non-waiver and Medicaid State Plan resources available to the individual, and within the per capita waiver allowance.

To be eligible for state-funded group home, sheltered workshop or Community Integrated Employment (CIE) services, a person must:

1. present evidence (psychological assessment) of a measured intelligence (full scale IQ of 75 or less); or
2. be determined to have a disability, with a diagnosis of mental retardation, by the Social Security Administration;
3. be a resident of the State of Oklahoma; and
4. have achieved an age defined within the provisions of each state-funded program

Return to DDSD office in the area where applicant resides.

DDSD Area I Office

729 Overland Trail
Enid, OK 73703

Toll free: 1-800-522-1064

DDSD Area I Office

4545 N. Lincoln Boulevard
Oklahoma City, OK 73105

Toll free: 1-800-522-1064

Covers: Alfalfa, Beaver, Blaine, Canadian, Cimarron, Custer, Dewey, Ellis, Garfield, Grant, Harper, Kay, Kingfisher, Lincoln, Logan, Major, Noble, Oklahoma, Payne, Roger Mills, Texas, Woods, and Woodward

DDSD Area III Office

301 South Indian Meridian Road
Pauls Valley, OK 73075

Toll free: 1-800-522-1086

Covers: Atoka, Beckham, Bryan, Caddo, Carter, Choctaw, Cleveland, Coal, Comanche, Cotton, Garvin, Grady, Greer, Harmon, Haskell, Hughes, Jackson, Jefferson, Johnston, Kiowa, Latimer, LeFlore, Love, Marshall, McClain, McCurtain, Murray, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Seminole, Stephens, Tillman, and Washita

DDSD Area II Office

1427 East 8th
Tulsa, OK 74120

Toll free: 1-800-522-1075

Covers: Adair, Cherokee, Craig, Creek, Delaware, Mayes, McIntosh, Muskogee, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Sequoyah, Tulsa, Wagoner, and Washington

