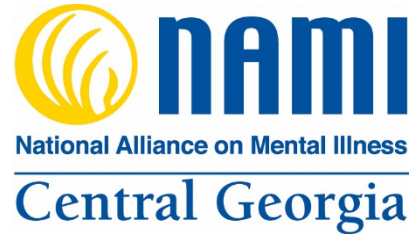


NAMI Central Georgia

209 Elberta Rd, Warner Robins GA 31093 | (478) 328 – 0508 office | (478) 449 – 8909 FAX

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(478) 328 - 0508 | office  
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[www.namiofcentralga.org](http://www.namiofcentralga.org) | website  
<https://www.facebook.com/namicentralga> | Facebook



**Application for Residency**  
(PLEASE PRINT)

Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Male  Female

Please check:

African – American  White  Pacific Islander  Hispanic  Other

Highest level of education completed

High school diploma or GED  Associates degree  Bachelors degree  Masters degree

Private pay  Other arrangement

**\*\*If other arrangement, give details and date of approval:**

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

**Income sources available to applicant:**

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

**List any services that the applicant is currently receiving (Medicaid, Medicare, Social Security, medical specialties, therapies such as occupational, physical, speech, etc.):**

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

**Does the applicant have medical insurance? If so, list company, contact person, and policy number:** \_\_\_\_\_

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

**Please check the tasks that the applicant has been able to do for himself/herself in the past year (these abilities are not necessary for admission)**

- ( ) Maintains personal hygiene
- ( ) Cook for self
- ( ) Does own laundry
- ( ) Read
- ( ) Write
- ( ) Shop for personal needs
- ( ) Arrange own transportation
- ( ) Budget & handle money
- ( ) Take medications appropriately
- ( ) Clean house
- ( ) Shop for groceries
- ( ) Go to work
- ( ) Sleep and get up at regular times

**Is there a family member or concerned person(s) who would like to assist in any of the areas listed above? (Not necessary for admission)**

( ) Yes ( ) No Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Area of Assistance: \_\_\_\_\_

**Name of person(s)/address/phone number of an alternate person who should be contacted if there is an emergency and staff is unable to contact a guardian, family member, or sponsor:**

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

**Briefly state the applicant's personal history:**

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**Has the applicant ever been arrested or convicted of a crime? Please list and explain (does not affect the applicant's eligibility for residency):**

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**Religious preference, name of church, pastor, etc. - (Optional)**

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**HEALTH INFORMATION:**

Psychiatric diagnosis: \_\_\_\_\_

Age of onset: \_\_\_\_\_

Psychiatric care provider: \_\_\_\_\_

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

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

**Current psychiatric medications (at time of admission):**

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**Current NON-psychiatric medications:**

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**Known Illnesses:**

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**Known Allergies:**

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**Special Diet:**

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**Current physician(s), dentist(s), specialist(s) who provide medical care for applicant: (list name and telephone number:**

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**Has the applicant ever had an addiction, alcohol, or substance abuse problems? If so, give details:**

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**Does the applicant currently have addiction, alcohol, or substance abuse problems? Explain:**

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**Has the applicant suffered a traumatic brain injury? If so, give details:**

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**Check any that apply to applicant:**

- hearing aid
- dentures
- cane
- walker
- wheel chair
- crutch
- eyeglasses/contact lenses
- breast prosthesis
- prosthetic limb
- orthodontic appliance
- brace for leg/arm/back
- colostomy

**Please list any surgeries, with name of doctor, type of surgery, and year:**

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**FINANCES**

I, \_\_\_\_\_ (name of resident) request the assistance of the Administrator of NAMI Group Home to manage my finances and issue my personal allowance in the amount of \_\_\_\_\_ at intervals of \_\_\_\_\_. I understand I will receive a quarterly statement as verification from the Administrator.

List any individual details which apply to the resident's financial arrangement:

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I, \_\_\_\_\_ (name of resident) decline the assistance of the Administrator of NAMI Group Home with management of my finances and issuing my personal allowance at stated intervals.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I, \_\_\_\_\_ (name of resident) and my spouse/guardian/next-of-kin/sponsor) \_\_\_\_\_ request the assistance of the Administrator of NAMI Group Home to manage my finances and issuance of my personal allowance of \_\_\_\_\_ at the following intervals, with the following restrictions/agreement:

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

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

( ) The applicant is private pay and the payment of \$1,600.00 is due on the 1<sup>st</sup> day of each month to be paid for by \_\_\_\_\_. Any payment received after the 5<sup>th</sup> of the month will incur a late payment fee of \$50.00.

**Relationship to applicant:** \_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of person responsible for payment:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

The applicant has an alternative payment arrangement. Please specify & explain:

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

**Signature of Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Late Fee**

All residential payments are due by the 1<sup>st</sup> of every month. Any residential fee not paid by the 5<sup>th</sup> of the month will be charged a \$50.00 late fee that will subsequently be added to their current residential fee. Three or more consecutive late payments will result in a default in the lease agreement and the resident will be asked to bring the account current and/or dismissal from the program will ensue to include eviction.

All terms and provisions of the Agreement shall be continued and are hereby ratified and confirmed by each of the parties hereto. Prices contained within this proposal are offered for 30 days from the effective date noted above. IN WITNESS WHEREOF, the parties have executed this Amendment as of the day, month, and year first written above.



## SERVICE AGREEMENT

NAMI Group Home agrees to provide the following basic care services:

- Protective care and watchful oversight
- 24-hour a day lodging
- Supervision of personal care
- Supervision of nutrition
- Medication management
- Continuous assessment of needs and condition
- Referral for appropriate services when needed
- Correspondence between physicians, psychiatrist, social workers, lawyers, etc.
- Correspondence of information to guardian, sponsor, or next-of kin regarding resident's needs
- Emergency transportation
- Transportation to & from local appointments
- Transportation to & from recreational activities
- Life-skills Training
- Laundry facilities (& detergent)
- Light bulbs
- 30 day written notice prior to changes in charges or services
- 30 day written notice prior to discharge\*\*
  - \*\* This does not apply to eviction due to violation of house rules, illegal or violent actions, or residents who are not medication compliant
  - \*\* This does not apply to residents who develop a communicable disease or who require full-time nursing or psychiatric care.
  - \*\*This does not apply to residents who fail to make regularly on time payments
- In the case of indigent residents, NGH will arrange for clothing through local clothing closets/other donors.
- In the case of indigent residents, the home will arrange for provision of hygiene supplies.
- Educational classes
- Support Groups
- Case Management Plans

**ANY SERVICE NOT LISTED HERE BUT REQUIRED IN THE PERSONAL CARE HOME REGULATIONS FOR THE STATE OF GEORGIA, WILL BE PROVIDED.**

A COPY OF THE PERSONAL CARE HOME REGULATIONS OF THE STATE OF GEORGIA WILL BE PROVIDED TO THE RESIDENT/GUARDIAN/SPONSOR UPON REQUEST

**Resident signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor/guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RESIDENT AGREES TO ASSIST WITH SPECIFIC CHORES AS PART OF LIFE-SKILLS TRAINING**

I voluntarily agree to:

(check all that apply)

- 1) Keep my room tidy, with guidance, if needed.
- 2) Do my laundry once a week, with assistance, if needed.
- 3) Make my bed daily, with assistance, if needed.
- 4) Wash my linens once a week, with assistance, if needed.
- 5) Help with table setting
- 6) Help with carrying trash out to the trash cans
- 7) Help with sweeping
- 8) Help with dusting
- 9) Assist with dishwashing/loading dishwasher
- 10) Assist with bringing in mail from mailbox
- 11) Assist with recyclables (breaking down cardboard, taking out soda cans, etc.)
- 12) Maintain personal hygiene (shower daily, well-groomed, etc.)
- 13) Other: \_\_\_\_\_
- 14) Other: \_\_\_\_\_
- 15) Other: \_\_\_\_\_

I understand that any tasks I agree to do are voluntary, within my physical and mental ability, and part of my life skills training. I understand that I am not expected to perform tasks ordinarily assigned to paid staff. I understand that everyone must work together as a team to keep our home a clean and pleasant place to live!

**Resident signature:** \_\_\_\_\_

**Administrator's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HOUSE RULES**

I have reviewed and received a copy of the house rules for NAMI Group Home and will follow them to the best of my ability.

**Signature of Resident** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Guardian/Sponsor where applicable** \_\_\_\_\_

The application for admission to NAMI Group Home was completed and reviewed with the applicant (and guardian/sponsor where applicable) on (date) \_\_\_\_\_.

The following parties agree to adhere to the agreements and policies listed in the foregoing pages:

**Applicant/Resident Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sponsor/guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form is to be checked and signed in conjunction with a conference between the administrator or her/his designee and the resident. One copy to file, one copy to resident; review quarterly or as needed.

Revised: 5/31/19

**Family Contract**

Family members are expected to participate in the active care of a resident. This includes consulting with staff on an as needed basis, assisting staff with elevated situations including misconduct, providing adequate personal supplies and personal allowance and communicating with the said resident when feasible via visits, phone calls, or other means. Failure to provide the mentioned resources can facilitate the dismissal of a resident upon renewal of their lease. Leases are reviewed annually to determine program eligibility.

**Late Fee**

All residential payments are due by the 1<sup>st</sup> of every month. Any residential fee not paid by the 5<sup>th</sup> of the month will be charged a \$50.00 late fee that will subsequently be added to their current residential fee. Three or more consecutive late payments will result in a default in the lease agreement and the resident will be asked to bring the account current and/or dismissal from the program will ensue to include eviction.

_____	_____	_____
<b>Resident Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Family Member/Responsible Party</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Administrator Signature</b>	<b>Print Name</b>	<b>Date</b>