



Bittersweet Farms

Preliminary Application for Services

The following information will be used as a tool to assess service interests and placement on the waiting lists at Bittersweet Farms. Bittersweet will be in contact for additional information when the applicant's name is up for review for an opening in their chosen programs. Please complete this application as fully and accurately as possible.

Today's Date _____
Month Day Year

Basic Information

Name of individual _____
First Name Middle Name Last Name

Date of birth _____ Age _____
Month Day Year

Place of birth _____
City, State, Zip

Is the individual a US citizen? *(circle one)* Yes No

Current address

Street Address

City State Zip Code

In what COUNTY do you reside? _____

Telephone _____
If you are your own guardian, please provide your phone number.

Email _____
If you are your own guardian, please provide your email address.

Gender *(circle one)* Male Female Other

Height _____ Weight _____

Hair color _____ Eye color _____

Identifying marks, if any _____

Age where developmental delay first noticed: _____

Date Autism Spectrum Disorder officially diagnosed _____
Month Day Year

Complete list of diagnoses.

Guardian Information

Is the individual self-guardian? If yes, proceed to Family History section.
(circle one) Yes No

Name of guardian (probate court appointed for those 18 years and older)

_____ Last Name First Name _____

Guardian's address

_____ Street Address _____

_____ City State / Province Zip Code _____

Guardian's telephone _____
Please enter a valid phone number.

Guardian's email _____

Guardian's relationship to applicant _____

Guardian's employer _____

Guardian's employer telephone _____
Please enter a valid phone number.

Family History

Mother's name

First Name	Middle Initial	Last Name
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Father's name

First Name	Middle Initial	Last Name
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Mother's address if different from applicant or father

Street Address	City	State / Province	Zip Code
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Mother's telephone _____
Please enter a valid phone number.

Mother's email _____

Father's address if different from applicant or mother

Street Address	City	State / Province	Zip Code
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Father's telephone _____
Please enter a valid phone number.

Father's email _____

How does the individual get along with...

Mother

Father

Siblings

Emergency Contact

(In addition to parents/guardian.)

Name of emergency contact:

Last Name First Name

Relationship of emergency contact to individual: _____

Emergency contact's primary phone number _____
Please enter a valid phone number.

Emergency contact's secondary phone number _____
Please enter a valid phone number.

Medical History

Name of primary physician _____
First Name Last Name

Primary physician's address _____
Street Address

City State / Province Zip Code

Primary physician's telephone _____
Please enter a valid phone number.

Name of dentist _____
First Name Last Name

Dentist's address _____
Street Address

City State / Province Zip Code

Name of specialist _____
First Name Last Name

Type of specialist _____

Specialist's address _____
Street Address

_____ City State / Province Zip Code

Do any allergies require use of EpiPen? If yes, list those allergies here.

Preferred OTC medications

- Tylenol Advil Aleve Aspirin

Date of last physical _____
Month Day Year

Current health:

Any current medical concerns:

Special diet instructions:

Please list dates and reasons for any surgeries:

Adaptive equipment:

Physical limitations:

Personal History

Education:

School 1

School 2

Graduated from: _____ Year: _____

Latest Employment:

Employer 1

Employer 2

Previous residential placement and reason for transfer:

Has the individual ever plead guilty or “no contest” to a crime or been convicted of a crime (felony or misdemeanor) or are criminal charges pending? (circle one) Yes No

Sources of additional information: (professional, specialist or agency not previously listed who may be able to provide information about the individual)

Agency Name	Phone	Contact person	Type of services provided
1 _____			
2 _____			
3 _____			
4 _____			

Services

Please mark the service(s) the individual would like to receive:

- Adult Residential - ICF/DD - Whitehouse
- Adult Residential - Community Living Whitehouse (waiver funded)
- Adult Residential - HUD Housing/BRK
- Community Living Whitehouse (waiver funded)
- Adult Residential - Pemberville (waiver funded)
- Adult Residential - Whitehouse
- Women's Home (waiver funded)
- Adult Day Program - Whitehouse (waiver funded)
- Adult Day Program - Lima (waiver funded)
- Transition School (12 to 21 years of age) - Pemberville
- Summer Enrichment (12 to 21 years of age) - Whitehouse/Pemberville (private pay only, scholarships available)
- Social Recreation Program (12+ years of age) - Whitehouse/Lima (private pay only, scholarships available)

Funding Sources

	Currently have	Currently applying	Not as this time
Medicaid			
Medicare			
Level 1 Waiver			
Individual Options (I.O.) Waiver			
Individual Options (I.O.) Waiver			
Private Pay			
Other funding sources			

County Support

Name of county caseworker: _____
First Name Last Name

Caseworker's telephone: _____
Please enter a valid phone number.

Caseworker's email: _____

Your Signature: _____
Today's Date

Your email: _____

Your Relationship to applicant: _____

Date ready to begin services _____
Month Day Year

For questions related to this application, contact us at 419-875-6986 ext. 1230 or
info@bittersweetfarms.org.

Mail completed application to:
Admissions
Bittersweet Farms
12660 Archbold-Whitehouse Rd.
Whitehouse, OH 43571