



Application for Services

Spruce Point: A therapeutic residential program administered by Spurwink Services providing services to adults 18 years and older with Autism Spectrum Disorders.

Date:

Parent or Agent completing the application

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Applicant:

Name:

Gender: M F

D.O.B.

Primary contact person:

Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

Email: (required for follow-up)

Application Fee: \$300.00

The application fee covers a comprehensive intake process that includes review of pertinent records, review of the questionnaire, and follow-up with previous providers, family members, caregivers, and others involved in the care of the consumer. This is a non-refundable fee.

Enclosed is a check (payable to Spurwink Services).

Signature:

Applicant Name:

At Spurwink, building relationships with each applicant and their family is the cornerstone of how we provide care and deliver services. This questionnaire is purposely designed to include areas for you to respond freely, so that we can learn about you and the applicant. Your answers help us gain an understanding of what is important to you and the applicant and how we can best develop a program to meet your needs.

1. Describe your son's/daughter's/family member's distinguishing qualities. Include in your description; what he/ she enjoys doing in the home, out of the home; the activities of interest; hobbies, likes, dislikes?

2. Please select activities that your son/daughter/family member enjoys that you would like to have included in the therapeutic environment?

Athletic Activities

- swimming
- boating/sailing
- sports (e.g. basketball, baseball, soccer)
- bowling
- hiking
- skiing
- horse back riding
- fishing
- exercise classes/yoga

Cultural Experiences

- music lessons
- art lessons
- historical society tours
- museum walks/ cultural festivals
- symphony
- attending theatrical performances
- participating in theatrical performances
- computer arts/graphics
- movies/ film festival

3. Does your son/daughter/family member participate in any organized events? Yes No

If "yes", what are they?

4. If yes, describe your son's/daughter's/family member's enjoyment in these events/gatherings and if you have encountered any barriers to participating in these activities.

5. Has your son's/daughter's/family member lived outside of the home in the past? If yes, please tell us about the experience, the setting and level of staffing.

6. What do you desire for a residential placement for your son/daughter/family member? For example would you like your (son/ daughter/family member) living alone, with others, in a rural vs. urban setting, in a shift-staffed home or with a live-in couple etc?

7. Please list any housing accommodations that should be considered for your son/daughter/family member.

8. What are your greatest concerns in placing your son/daughter/family member in a residential program?

9. Please tell us about family, friends and significant others who play a major role in the life of your son/daughter/ family member.

10. Does your son/daughter/family member presently participate in a structured day program, work or educational setting?

Yes No

If yes tell us about it:

11. Does your son/daughter/family member smoke?

Yes No

12. If your son/daughter/family member is of the legal drinking age does he or she drink socially?

Yes No

What are your expectations surrounding alcohol use?

13. What are your expectations surrounding dating?

14. Do you have an interest for your son/daughter/family member to engage in vocational training?

Yes No

Please explain.

15. Please list any health issues your family member is facing right now or has in the past (These may include obesity, hypertension, and diabetes).

16. Is your son/daughter/family member taking any medications? If yes, please list.

17. List any dietary preferences or restrictions for your son/daughter/family member.

18. If you had a wish for you adult family member for the future, what would it be?

Applicant name:

The following questions are designed to provide us insight to your son or daughter’s residential support needs. Please select a rating for each question. Refer to behavior for the past 3 months. For each item, decide whether the behavior is relevant and to what degree.

1 = not relevant 2 = somewhat relevant 3 = very relevant

Don’t think too hard about the answer. Your first reaction is usually the right one.

Medical

1. Headaches	1	2	3
2. Stomach aches	1	2	3
3. Seizures (past or present)	1	2	3
4. Ringing in ears	1	2	3
5. History of head injury	1	2	3

Sleep

6. Wakes frequently at night	1	2	3
7. Slow to wake-up after sleep	1	2	3
8. Has trouble falling asleep	1	2	3
9. Sleeps too much (or would like to if given the chance)	1	2	3
10. Experiences frequent changes in sleep patterns	1	2	3

Attention

11. Has trouble sitting still, restless, fidgety	1	2	3
12. Is easily distracted	1	2	3
13. Has trouble staying on task	1	2	3
14. Doesn’t finish things	1	2	3

External Behavior

15. Impulsive, acts without thinking	1	2	3
16. Boisterous	1	2	3
17. Disrupts others	1	2	3
18. Ignores instructions	1	2	3
19. Inactive, listless	1	2	3
20. Moves around aimlessly	1	2	3

21. Doesn't follow rules	1	2	3
22. Stares into space, seems in own world	1	2	3
23. Physically abusive toward others	1	2	3
24. Has difficulty stopping an activity	1	2	3
25. Lacks motivation	1	2	3
26. Engages in ritualistic behaviors (needs to have things a certain way all the time)	1	2	3
27. Often seems tired, sluggish, slow moving	1	2	3
28. Has trouble following through (on ideas, tasks, goals)	1	2	3

Internal Behavior

29. Worries excessively	1	2	3
30. Has feelings of hopelessness, helplessness, negativity	1	2	3
31. Low self-esteem	1	2	3
32. Feels the world is against him/her	1	2	3

Communication

33. Repeats words or sounds	1	2	3
34. Communicates only through gestures	1	2	3
35. Has trouble finding the right words to say even though he/she knows them	1	2	3
36. Poor spelling	1	2	3
37. Misunderstands often	1	2	3
38. Confuses similar sounding words	1	2	3
39. Talks loudly	1	2	3
40. Uncontrollable vocalizations	1	2	3
41. Talks very fast	1	2	3

Social

42. Avoids eye contact	1	2	3
43. Bullies others	1	2	3
44. Has to have own way	1	2	3
45. Afraid of new things, places or people	1	2	3
46. Controlling, needs to run things	1	2	3
47. Hard to reach, preoccupied	1	2	3

48. Seeks isolation	1	2	3
49. Doesn't get along well with others	1	2	3
50. Interrupts conversations	1	2	3
51. Responds inappropriately in conversation	1	2	3
52. Is often verbally abusive	1	2	3
53. Often misinterprets others' comments (takes things the wrong way)	1	2	3

Sensory

54. Resists physical contact	1	2	3
55. Bothered by certain sounds	1	2	3
56. Repetitive body movements	1	2	3
57. Physically hurts self	1	2	3
58. Shakes or flaps hands or arms	1	2	3
59. Chews or sucks on things	1	2	3
60. Bothered by clothes against skin	1	2	3
61. Clumsy, uncoordinated	1	2	3
62. Picks at self or clothing	1	2	3
63. Has trouble hearing in noisy environments	1	2	3
64. Craves pressure against body	1	2	3
65. Easily overwhelmed by noisy environments	1	2	3
66. Easily startled	1	2	3
67. Has difficulty telling which direction a sound came from	1	2	3
68. Recoils from touch (tactically defensive)	1	2	3
69. Doesn't seem to know where he/she is in space / bumps into things and people frequently.	1	2	3
70. Bothered by/sensitive to lights	1	2	3

Eating

71. Has poor appetite, doesn't want to eat	1	2	3
72. Eats excessively or would like to	1	2	3
73. Eats limited diet, only likes certain foods	1	2	3
74. Has/had eating disorder	1	2	3

Cognition / Thinking

75. Forgets things	1	2	3
76. Has recurring obsessive thoughts	1	2	3
77. Fixates on thought, activity or object	1	2	3
78. Difficulty understanding abstract ideas	1	2	3
79. Has trouble with time (always late, etc.)	1	2	3
80. Makes the same mistakes repeatedly/ doesn't seem to learn from mistakes	1	2	3
81. Has difficulty making decisions	1	2	3
82. Is disorganized	1	2	3
83. Often loses things	1	2	3
84. Has periods of confusion	1	2	3
85. Lacks ability to see options	1	2	3
86. Has trouble making changes in action/ gets locked into action and can't change course	1	2	3
87. Has difficulty planning (tasks, activities, setting goals)	1	2	3
88. Thinks in terms of "black and white" has trouble seeing nuances in situations	1	2	3

Emotional

89. Anxious	1	2	3
90. Irritable or whiny	1	2	3
91. Mood changes often	1	2	3
92. Seems unhappy most of time	1	2	3
93. Quick temper/easily angered	1	2	3
94. Has fear or panics for no observable reason	1	2	3
95. Very sensitive to others' feelings	1	2	3
96. Has extreme cyclic changes in mood	1	2	3
97. Paranoid / feels as though others are out to get him/her	1	2	3
98. Dislikes change	1	2	3
99. Fearful of specific things (snakes, spiders, heights, people)	1	2	3
List fear:			
100. Lacks empathy/has trouble understanding others' feelings	1	2	3
101. Has difficulty understanding/identifying own feelings	1	2	3

Other

102. Has trouble transitioning from one activity to another	1	2	3
103. Becomes frustrated easily	1	2	3
104. Hears things others don't	1	2	3
105. Has trouble beginning activity	1	2	3
106. Easily bored	1	2	3
107. Sees things others don't (shadows, colors, objects moving)	1	2	3
List:			
108. Procrastinates	1	2	3
109. Abuses alcohol or drugs	1	2	3
110. Often displays grandiose thinking	1	2	3
111. Has/had trouble with the law	1	2	3
112. Lies or exaggerates for no apparent reason	1	2	3
113. Feels thoughts are fast—experiences many thoughts at same time	1	2	3

Is there anything else you think we should know about your son/daughter/family member to help us understand him/her?

With all pages in the form complete, please send to:

Fax: 207-871-1232

Mail: Spurwink Services, Spruce Point—application
899 Riverside Street, Portland, ME 04103