



Application for Residency

Overview

Yellow House Community is an intentional residential community located in the walkable village of Middlebury, Vermont in a beautiful, historic yellow house. Established in 2019, YHC provides adults with intellectual and developmental disabilities with safe, residential family households, meaningful vocation, and the support to continue developing skills, interests, and relationships. Yellow House offers day programming and assistance with community-based employment and integration for its residents.

Our family-style environment encourages, supports, and celebrates the unique abilities of every individual with the intention of providing a meaningful adult life for all of our residents and staff. Our culture is one of deep respect, kindness, love, and fun. Yellow House is a community within the community. We are dedicated to serving our local community and prioritize applicants who are Vermont residents.

Each applicant has unique strengths, qualities, and needs. To understand the profile of the residents we believe we can best support at YHC, please take time to review the Resident Profile document found on page 3 prior to commencing the application process.

Yellow House Community is committed to making the best placement decisions possible to support the overall healthfulness, goals, and spirit of YHC. To that end, we are relying on your candor and full disclosure as we work toward developing harmonious, productive households. Thank you for entrusting us with this sensitive material. We will be in touch once we have reviewed your application.

Yellow House Community does not discriminate on the basis of race, color, religion, sex, national origin, disability, or age.

Requested Materials Checklist:

- _____ Completed Application
- _____ Current Photo of Perspective Resident
- _____ Most recent IEP and/or ISA (if available)
- _____ Requested Medical Records (most recent physical examination; vaccination records)
- _____ \$50 non-refundable Application Fee

Application Review and Trial Processes:

STEP ONE:

Contact Yellow House Community (YHC) by phone, website, or Info Session. Initiate, or continue, a conversation with Applicant's Designated Agency regarding Home & Community-Based Services.

STEP TWO:

Obtain, complete, and submit an application for residency at YHC.

STEP THREE:

Review of application by Enrollment Committee (EC). Applicant receives Written Notification of one of the following:

- Invitation for face-to-face interview and lunch
- Explanation that Applicant is found ineligible for admission
- Notification that YHC is at capacity and unable to accept new residents

STEP FOUR:

Executive Director (ED) and YHC staff conduct face-to-face interview with Applicant and family member(s)/guardian(s). Applicant attends lunch with current staff, residents, and candidates.

STEP FIVE:

Applicant receives Notice of Decision to proceed to Transition Program day trial (min. two months).

STEP SIX:

Pending successful participation in the Transition Program, the applicant is invited for a Residential Trial (three-four weeks). *Steps Four-Six may be individualized for a candidate, as necessary.*

STEP SEVEN:

Yellow House Community issues a Notice of Decision for full acceptance into the Residential Program. Admissions Agreement and Financial Responsibility Form signed.

STEP EIGHT:

First month check-in/evaluation with ED; Three-month check-in/evaluation with ED. Annual meeting to evaluate continued appropriateness of placement and resident satisfaction.

Yellow House Community Resident Profile

Yellow House Community aims to support a population of individuals with intellectual and developmental disabilities who are largely underserved in our communities. The intent is to offer a meaningful life and work experience for people who need 24-hour supervision and assistance to meet personal health and safety needs, but not to the extent of nursing care. Staffing is based on a shift model where staff work as teams to support resident engagement in the household and community. Due to our unique model, we are best suited to support residents who fit the following profile. A YHC resident will:

- Be a calm, gentle soul;
- Be social and delight in meaningful relationships with peers, support workers, and members of the broader community;
- Be a voluntary resident of Yellow House Community (as indicated by word or deed);
- Be able to communicate basic needs and preferences to support workers, including asking for help;
- Be 18 years of age or older;
- Be ambulatory or ambulatory with minimal support; and
- Enjoy being outside and active.

Yellow House Community residents generally need ongoing, direct support and/or supervision with some or all of the following personal health, safety, and socialization needs:

- Self-care and grooming, including but not limited to:
 - o Bathing, Tooth brushing, Dressing, Toileting, Administering medications
- Managing personal finances;
- Advocating for their needs and wishes;
- Preparing meals and caring for their homes;
- Laundry and care for personal belongings;
- Forming and maintaining meaningful relationships;
- Navigating the community and with transportation (Yellow House residents do not drive and do not navigate the community on foot or bicycle unaccompanied);
- Safely interacting with strangers and community members
- Working at a job; and
- Accessing and safely participating in social activities.

(continued on next page)

A YHC resident is an individual whose needs can be met by the Yellow House Community and who can, in turn, meet the needs of the Yellow House Community.

Based on the above defined criteria and support model, Yellow House Community is not appropriate for individuals with the following conditions/diagnosis:

- Primary diagnosis of mental illness
- Profound physical disabilities
- Requiring constant medical supervision
- Who are physically violent to self or others
- Who exhibit problematic sexual behaviors
- Who would endanger the health or wellbeing of themselves or others
- Who does not consistently sleep during overnight hours
- Who are elopement concerns
- Who have diagnoses the YHC deems it cannot support

SECTION I: Applicant & Family Information

Date: _____

Applicant's Name: _____ Age: _____ DOB: _____

Sex: _____ Social Security Number _____

Home Address: _____
Street City State ZipMailing Address: _____
Street City State Zip

Telephone No.: (_____) _____ Email: _____

How did you learn about Yellow House Community? _____

Name of person filling out this form _____

Relationship to Applicant _____

Father:	Mother:
Date of Birth:	Date of Birth:
Street Address:	Street Address:
City, State & Zip Code:	City, State & Zip Code:
Telephone No. Cell: Home: Work:	Telephone No. Cell: Home: Work:
Email Address:	Email Address:
Occupation and Title:	Occupation and Title:
Employer:	Employer:

Marital Status of Parents _____

If divorced, widowed and remarried please list:

Name of Spouse _____

Address: _____

Occupation _____ Telephone No. (____) _____

Please list name, birthdates & current addresses of all brothers and sisters to the Applicant:

Guardianship:

Has legal guardianship been established for the Applicant? _____

Who is/are the Legal Guardian(s)?

Name _____

Address _____

Telephone No.: cell: (____) _____ home (____) _____

Successor Guardian?

Name _____

Address _____

Telephone No.: cell: (____) _____ home (____) _____

Emergency Contact:

Name _____

Address _____

Telephone No.: cell: (____) _____ home (____) _____

Work: (____) _____

Email: _____

Relationship to Applicant: _____

General Information:

1. Applicant's Present Residence:

Is the Applicant living in his/her family home? _____ (if yes, continue to #2)

Is the Applicant living with a Home Provider or Care Giver other than his/her parents? _____

If so, please list the following:

Name _____

Address _____

Telephone No.: cell: (_____) _____ home (_____) _____

Classification (Group Home, Shared Living/Developmental Home, other): _____

2. List all of Applicant's past residences and dates of residency (if not family home, please Describe):

3. Reason for inquiry:

4. Please tell us about the Applicant's specific disability and special needs:

Primary Diagnosis: _____

Secondary Diagnosis: _____

What is the Applicant's full-scale intelligence quotient (IQ), if known? _____

5. What are the Applicant's strengths?

6. What are the Applicant's challenges? What are some areas he/she is working towards improving?

7. Please describe special interests, hobbies, talents, and free time activities of Applicant:

8. Does the Applicant have a Designated Agency (DA) Case Manager? Please list his/her name and DA:

Have you discussed residential placement with the DA Case Manager? Please describe:

9. Please describe any special relationships in which the Applicant is currently engaged. Examples may include: significant other, strong natural support outside of his/her family:

SECTION II: Adaptive Skills and Communication

Adaptive Skills Inventory

Inventory Completed By: _____ Relationship to Applicant: _____

Date: _____

A. DRESSING SKILLS *(check all that apply)*

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Selects own clothing					
Selects clothing appropriate to weather/occasion					
Buttons					
Zips					
Ties shoes					
Snaps					
Pulls up pants					
Clasps undergarments (bra)					
Dresses for bed					
Other:					

B. UNDRESSING SKILLS *(check all that apply)*

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Unbuttons					
Unzips					
Unties shoes					
Unsnaps					
Puts dirty clothes in hamper					
Other:					

C. CLOTHING CARE *(check all that apply)*

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Washes and dries own clothes					
Hangs clothes properly					
Folds and puts clothes away					
Other:					

D. HYGIENE SKILLS (*check all that apply*)

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Washes face/hands					
Uses toilet in appropriate and sanitary way					
Cleans body, face, and hair in bathtub					
Cleans body, face, and hair in shower					
Prepares own water (at a safe temperature)					
Washes/dries alone					
Exercises privacy as applicable (dressing/undressing/toileting)					
Brushes teeth					
Shampoos hair					
Blow-dries hair					
Shaves self with electric razor					
Shaves self with safety razor					
Cleans eyeglasses					
Uses deodorant					
Cares for self during menstrual period					
Other:					

E. EATING SKILLS (*check all that apply*)

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Drinks from a glass/cup					
Uses a fork					
Uses a spoon					
Uses a butter knife to cut food					
Uses a butter knife to spread condiments					
Uses appropriate table manners					
Assists in setting table					
Other:					

F. SOCIAL ADJUSTMENT *(check all that apply)*

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Is cooperative with peers					
Obeys rules					
Takes medication voluntarily					
Follows direction					
Can travel the area surrounding his/her residence alone					
Checks in with responsible party before leaving present location					
Interacts well with others in one-on-one situations					
Interacts well with others in group settings					
Other:					

G. DAILY LIVING SKILLS *(check all that apply)*

	Independent	Verbal Help Needed	Demonstration Required	Physical Help Needed	Requires Full Support
Can use the telephone					
Can handle money					
Can tell time with analog watch/clock					
Can tell time with digital watch/clock					
Can use a calendar					
Can use public transportation					
Understands the meaning of & obeys typical traffic signs					
Can recognize "danger" and dangerous situations					
Other:					

Are any of the above current goals for improvement on the Applicant's ISA or other care plan?

Communication Skills

1. Does the Applicant communicate verbally?

2. Please describe (include both expressive and receptive communication skills):

3. Does the Applicant use an AAC (Augmentative and Alternative Communication) device? Please describe device and App/program used:

4. Does the applicant read? _____

If yes, at what level: _____ Fluency: _____ Comprehension: _____

5. Does the applicant write? _____

If yes, please describe: _____

6. Can the Applicant ask for help, if needed? Please explain.

7. Comments:

SECTION III:

Applicant Health Information and History

In addition to the health and medical information requested below, please include the following materials with your completed application:

_____ Summary of Annual Physical Examination (completed within the past 12 months; YHC will require a updated physical examination within 3 months of move-in for a candidate offered residency at YHC)

_____ Childhood Immunization Record

_____ Visit summaries from relevant medical appointments in the past 12 months (e.g. primary care, psychiatric, OT, PT, dental)

1. When was a disability first apparent or suspected?

Was the Applicant diagnosed with a Developmental Disability prior to age 18? _____

At what age? _____

2. Does the Applicant have a mental health diagnosis? If so, please list diagnosis and date of onset:

3. Does the Applicant have an assigned clinical therapist? Psychiatrist? Please list his/her name:

4. Does the Applicant have a current Behavior Support Plan? How long has this plan been in place? Who is responsible for implementing this plan? (If a plan exists, please include a copy when submitting this application):

5. Please describe all current medical conditions and concerns:

6. Please describe any additional medical problems, concerns and/or treatments experienced over the past 15 years:

7. If currently under treatment, please describe:

8. Please list all current medications (*please indicate if self-administered) as well as the rationale for each prescription:

9. With regard to Applicant’s current (or previous) medications, are there any contraindications for future use, if any, for any:

10. Please list all significant illnesses (both physical and mental) experienced by the Applicant; please include the dates which the illnesses occurred and the Applicant’s age at the time:

11. Please list allergies experienced by the Applicant. Does the Applicant require an Epi-Pen?

12. Please list any dietary restrictions necessary for the Applicant:

13. Please list orthopedic appliances, special shoes, walkers, retainers, or other special equipment necessary:

14. Does the Applicant have a vision impairment? Does he/she wear glasses?

15. Does the Applicant have any hearing impairment? If yes, please indicate if hearing aids are prescribed and supply descriptive information:

16. In the past and/or currently does the Applicant experience any bowel or gastrointestinal problems? If yes, please describe:

17. In the past and/or currently does the Applicant experience incontinence? If yes, please describe the way(s) the incontinence is addressed as well as any known triggers:

18. In the past and/or currently does the Applicant experience convulsions, seizures or epilepsy? If yes, please describe the following: age of onset, type(s), frequency, particular triggers, and date of last seizure.

19. Does the Applicant have any skin conditions? If yes, please describe.

20. In the past/and or currently does the Applicant experience any cardiac or respiratory illness? If yes, please describe:

21. Does the Applicant currently require and/or receive any of the following related services: Occupational Therapy, Physical Therapy, Speech and Language Pathologist services, or other. If so, please describe frequency and duration.

22. Does the Applicant have a sleep disorder or difficulty sleeping? If so, please describe. Please include the average number of times the Applicant wakes per night, if applicable.

23. Does the Applicant have Sensory Processing issues? If so, please describe. What self-regulation techniques are helpful for the Applicant?

24. Please describe the Applicant’s relationship to pain and illness. Questions to consider may include: How does the Applicant communicate pain? Does he/she have a high threshold for pain? Does the Applicant perseverate on minor injuries? Does he/she demonstrate atypical patterns of behavior around pain and illness? Does the Applicant become frightened or anxious at the onset of illness? How is he/she best calmed and comforted during illness or injury?

25. Has the Applicant received all immunizations required to attend public school in the State of Vermont? If not, please explain.

26. Is the Applicant fully vaccinated against COVID-19? If not, please explain.

Fully vaccinated is defined as two doses of the Pfizer-BioNTech, Moderna, or Novavax vaccine (or one dose of Johnson & Johnson). Please indicate if the Applicant has also received one or more Booster doses.

27. Please add any other pertinent health information:

A note on communal living at the Yellow House Community:

Inherent to living in a communal setting is an increased risk of transmission of communicable diseases and viruses. At YHC, the health and safety of our residents and staff members is of paramount concern. To ensure the safety of our community members to the greatest extent possible, residents are required to be up to date with all vaccinations mandatory for public school attendance in Vermont. Residents, family members, and staff are strongly encouraged to be fully vaccinated against COVID-19 and to receive annual flu vaccinations.

In the event of a public health emergency such as a pandemic, or during a time of high community spread of a communicable disease/virus, YHC reserves the right to request that an unvaccinated individual return to the care of their parents/guardian until completely recovered from an illness or until the illness is no longer present on the YHC premises. Such measures may be implemented for the safety of the individual, staff, and residents and will be informed by the Vermont Department of Health, Centers for Disease Control and Prevention, and the licensed YHC Nurse Affiliate.

SECTION IV:

Education and Employment History

EDUCATION

Is the Applicant a current student? _____ If yes, anticipated date of graduation: _____

Schools Attended	Location	Dates Attended	Grade Achieved

* Please describe any unique circumstances for leaving a school, if applicable:

1. Please estimate the Applicant’s current level of academic achievement and, if possible, attach most recent IEP and any relevant testing:

Reading: _____ Spelling: _____
Math: _____ Other: _____

2. Please describe any difficulties/issues that the Applicant encountered during his/her schooling and how these issues were resolved or managed:

EMPLOYMENT HISTORY

1. Please list all employment opportunities the Applicant has engaged in beginning with the most recent or current. Attach a separate sheet as necessary.

A. Employer’s Name & Address: _____

Job Title/Tasks Performed: _____

Dates: _____ Average hrs./week: _____ Paid Employment? Y / N

Job Coach?: Y / N Reason employment ended (if not current) : _____

B. Employer’s Name & Address: _____

Job Title/Tasks Performed: _____

Dates: _____ Average hrs./week: _____ Paid Employment? Y / N

Job Coach?: Y / N Reason employment ended: _____

C. Employer’s Name & Address: _____

Job Title/Tasks Performed: _____

Dates: _____ Average hrs./week: _____ Paid Employment? Y / N

Job Coach?: Y / N Reason employment ended: _____

2. Please describe the Applicant’s relationship to work including: work interests, attitudes and habits, work tolerance, skills, and limitations):

3. Please describe vocational goals for the Applicant:

SECTION V: **Behavioral History and Awareness Inventory**

The Yellow House Community is designed to meet the needs of a vulnerable population of adults. It is our responsibility to place persons in the Yellow House who we are confident we can support, and who will contribute to a safe and respectful environment for all community members. We understand this information is sensitive and may be uncomfortable to disclose. Please know that our intention behind this in-depth inquiry is not meant to be exclusionary in any way; the goal is to help determine the best fit for Yellow House residents and staff.

Please answer the following questions completely to the best of your knowledge and understanding. If additional space is required, please attach separate pages as necessary.

1. Please describe the Applicant in terms of his/her independence.

2. Please describe the Applicant in terms of his/her vulnerabilities.

3. Please describe how the Applicant interacts with other individuals in his/her current living environment, including, but not limited to siblings and parents.

4. Please describe how the Applicant interacts with other individuals in his/her current school and/or work environment, including, but not limited to classmates, fellow employees and individuals in a position of authority.

5. Please describe the Applicant in terms of his/her self-control, dependability and ability to follow directions.

6. In the past five years, has the Applicant exhibited aggressive, violent or abusive behavior directed at others? If yes, please explain and describe.

7. In the past five years, has the Applicant exhibited self-harm behavior? If yes, please explain and describe.

8. In the past five years, has the Applicant exhibited reckless or risk-taking behavior? If yes, please explain and describe.

9. In the past five years, has the Applicant exhibited withdrawal? If yes, please explain and describe.

10. Please describe the Applicant's level of sexual awareness.

11. In the past five years, has the Applicant exhibited overt sexual behaviors? If yes, please explain and describe, including any sexual behavior disorders or problems.

12. In the past five years, has the Applicant exhibited an interest or fascination with fire that was concerning to you or others? If yes, please explain and describe.

13. In the past five years, has the Applicant exhibited a fascination with violence? If yes, please explain and describe.

14. In the past five years, has the Applicant damaged or destroyed personal items or property or property belonging to someone else? If yes, please explain and describe.

15. In the past five years, has the Applicant exhibited violence towards animals? If yes, please explain and describe.

16. Is the Applicant afraid of animals? If yes, please explain and describe.

17. Does the Applicant have any idiosyncrasies, taboos, obsessions, or fears? If yes, please explain and describe.

18. In the past five years, has the Applicant roamed away, eloped, or run away from home, school, workplace, place of residence or any other location from which they were expected to remain? If yes, please explain and describe.

19. Has the Applicant ever been investigated by a law enforcement agency or any other governmental agency for alleged misconduct or misbehavior? If yes, please explain and describe.

20. Has the Applicant ever been arrested or detained by law enforcement? If yes, please explain.

21. In the past five years, has the Applicant ever been expelled, suspended, asked to leave, or left while under investigation at any school, place of work, camp, institution or similar environment? If yes, please explain and describe.

22. Has the Applicant ever been hospitalized, treated as an outpatient, or otherwise received treatment for a mental illness or behavioral issues? If yes, please explain and describe.

SECTION VI:
Parent/Guardian Inventory

1. What are your greatest hopes for the Applicant? How could YHC help achieve these?

2. Yellow House Community encourages family involvement. Please describe your anticipated level of engagement if the Applicant were to become a YHC resident. Do you have any special talents, interests, or skills that you would be willing to share with our residents and community?

3. Knowing the motor skills, degree of coordination and self-care of the Applicant, do you have concerns about his/her ability to live at Yellow House? If so, please explain:

4. Knowing the speech and/or communication skills of the Applicant, do you have any concerns about his/her ability to live at Yellow House?

SECTION VI: **Conclusion and Certification**

Conclusion

Thank you for taking the time to complete our application for residency. Completed applications, along with required materials (current photo of Applicant, most recent IEP and/or ISA, and application fee) may be returned to: Yellow House Community, 29 Seminary Street, Middlebury, VT 05753. We encourage you to include supplemental materials such as educational summaries, medical reports (beyond those required), and work evaluations with your application to help us better know and understand the Applicant. Please notify us in writing if any of the information you provided needs to be modified or clarified at any time.

Applications for residency are reviewed in groups on a rolling basis. By submitting this application, you and the Applicant are communicating current interest in YHC’s residential offering at 29 Seminary Street. Due to high interest and limited capacity, Yellow House Community cannot reserve spots for anticipated residents.

We will be in touch in writing once the Enrollment Committee has reviewed your application. Please reference Page 2 (“Application Review and Trial Processes”) for a summary of the admissions process. Thank you for your interest in the Yellow House Community. We look forward to working with you and the Applicant to determine if YHC is an appropriate fit.

Certification

I hereby affirm and attest that all of the information provided herein is true, accurate and complete.

Signature of Applicant

Date

Signature of person filling out application

Date

Relationship to Applicant