

Jewish Family & Child Service's TASK program is re-evaluating current need for housing for adults with disabilities. Your input is crucial in helping to address these needs. Kindly complete the following for any family member or friend who might enjoy living in an apartment for individuals with disabilities. (Call for additional copies.)

1) Name and address of individual needing housing (kindly print):

2) Age: _____ Sex: _____

3) Describe the nature of the disability (Autism, Developmental Disability, Down Syndrome, Chronic Mental Illness, Physical Disability, etc.) Please list all diagnoses:

4) Describe what level of support is needed (medication management, personal care, housekeeping assistance, mental health support, therapeutic, etc.):

5) If available, would he/she purchase prepared meals (about \$7 each):
never ___ occasionally ___ frequently ___

6) What dietary requirements does he/she have (vegetarian, Kosher, diabetic, etc.):

7) Is nearby public transit necessary? No ___ Yes ___ Occasionally ___

8) Does he/she have a car? No ___ Yes ___

9) When would such housing be needed? Immediately ___
In 1 or 2 years ___ 3 years ___ 5 years ___ Beyond 5 years ___

10) Does he/she require assistance with medication? No ___ Yes ___

11) Please list any special physical accommodations needed (elevator, wider doorways, grab bars in the bathroom, etc.)

Kindly complete the reverse side

12) Please describe any behavioral or safety issues that might impact others or require special planning:

13) Please indicate the type and amount of financial support available:
SSI/SSD (amount) _____ Section 8 Voucher _____
Family support _____ Special Needs Trust _____ Other Trusts _____ Full/Part Time
income _____ Other (please explain):

14) Does he/she have any felony convictions? No ___ Yes ___
If yes, please explain: _____

15) Does he/she participate in any regular socialization organizations? Please list (Da Vinci, Tikvah, David's Harp, etc.)

16) Would living on a campus with easy access to aging parents or friends be desirable?
No ___ Yes ___ No difference ___

Should you have any questions, please contact Corinne Spiegel, TASK Inclusion Specialist, at 503 226-7079, ext. 55. Additional notes can be made below.

Kindly return this survey to:
Corinne Spiegel
TASK Inclusion Specialist
Jewish Family & Child Service
1130 SW Morrison, Suite 316,
Portland, OR 97205

Notes:

July 2005
