

Cedar Ridge ICF/IID

(Intermediate Care Facility for Individuals with Intellectual Disabilities)

Thank you for your interest in Cedar Ridge ICF/IID. We appreciate your interest and look forward to hearing from you. Please fill out the “Application for Services” packet on the following pages to be added to our waiting list and considered for our program.

Who Can Live at Cedar Ridge?

Some basic enrollment criteria are as follows:

- Applicants must be over the age of 18.
- Applicants must have a full scale IQ below 70.
- Applicants must be able to exit a building without requiring **physical** assistance to do so.

Other Helpful Information for Us

The following list of items would be very helpful for getting acquainted with you and your loved one.

- ✓ Must recent Psychological Evaluation - This can be obtained from the public school if the applicant is a recent graduate.
- ✓ Most recent Individual Program Plan - This can be obtained from the public school as well if the applicant is a recent graduate.
- ✓ A social history
- ✓ A copy of the applicant’s birth certificate
- ✓ A copy of the applicant’s photo ID or driver’s license
- ✓ A copy of the applicant’s Medicaid card
- ✓ A copy of the applicant’s PASSE card if they have been assigned to a PASSE

- ✓ A copy of ANY other insurance cards the applicant may have

Please note that these documents are not necessary at this time, but will be very helpful to our admission team.

Please fill out the following forms and email them to Justin at justinw@steppingstonearkansas.com along with any of the above information you may wish to send. You may also mail the packet to the address on the following page.

Application for Services

Cedar Ridge ICF/IID

P.O. Box 2389

Alma, AR 72921

Please print and fill out this form to the best of your knowledge. You may get assistance from a healthcare professional or county health service if necessary. If you do not know the answer to a question, leave it blank.

Today's Date: _____

General Information About the Applicant

Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: (____) _____ - _____ Birthday: ____/____/____

County: _____ Medicaid #: _____ Social Security #: ____-____-____

Sex: _____ Race: _____ Height: _____ Weight: _____

Referred by: _____

Major Disabilities: _____

Description of Abilities: (Circle or underline the most appropriate response)

Ambulation – Walks Without Assistance | Cain | Walker | Wheelchair | Requires Assistance

Transferring – Transfers to Bed/Chair Without Assistance | 1 Person Assist | 2 Person Assist

Continence Status – Continent of Bowel and Bladder | Incontinent Bladder | Incontinent Bowel

Communication – No Difficulty | Nonverbal | Can Express Self | Deaf | Uses Sign Language

Eating – Can Feed Self | Requires Assistance | Tube Fed | Requires Supervision for Choking

Dressing – Dresses Self | Requires Some Assistance | Requires Total Assistance with Dressing

Special Equipment Required: (Circle or underline the most appropriate response)

Glasses | Dentures | Walker | Wheelchair | Hearing Aids | AFO | Other: _____

Previous Services

Has the applicant participated in any of the following? (Circle or underline)

Social Services | Residential Institution | Children’s Services | Mental Health Center

Special Education | Rehabilitation Services | Regular School Classes | Nursing Home

Sheltered Workshop | Day Service Center

If so, please list where and when.

Does the applicant have behavioral issues? Yes No

If yes please describe. _____

Parents / Guardian of Applicant

Mother's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____

County _____ Phone Number (____) _____ - _____

Father's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____

County _____ Phone Number (____) _____ - _____

Guardian's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____

County _____ Phone Number (____) _____ - _____

Applicant Finances

Sources of Income: Wages _____ SSI _____ VA _____ AFDC _____

Other _____ Applicant's Total Monthly Income: \$ _____

Person Filling Out This Application

Name: (Last) _____ (First) _____ (Middle) _____

Address _____ City _____ State _____

Agency or Relation to Applicant _____

Phone Number (____) _____ - _____

Acknowledgement and Signature

As part of this application for services, I hereby authorize the release and /or exchange of professional information on behalf of _____ between Stepping

Stone School / Cedar Ridge ICF/IID administration and any public and/or private professional agency and/or individual having professional contact with said applicant and or their family.

Parent or Guardian Signature: _____

Applicant Signature (if over 18): _____

Date: _____

If you would like to add further comments or explanations please attach on a separate page.

Stepping Stone School / Cedar Ridge Services are in compliance with Title VI of the Civil Rights Act and is operated, managed its services without regard to race, color or national origin.