



## Admissions

### Applicant Questionnaire

Camphill Village USA  
84 Camphill Road  
Copake, NY 12516  
Attn: Admissions Committee

Today's Date\_\_\_\_\_.

Please give a brief narrative description below of (applicant):\_\_\_\_\_.

Applicant's Date of Birth\_\_\_\_\_.

Please send a photo.

NAME: \_\_\_\_\_

Current life situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for inquiry: \_\_\_\_\_

\_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Diagnosed with Developmental Disability prior to age 21? Yes/No At what age? \_\_\_\_\_

Seizures? Yes/No Please describe: \_\_\_\_\_

\_\_\_\_\_

Current medications and reasons for usage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe self-care skills and needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communication skills and needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to others, social skills and needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe level of sexual awareness: \_\_\_\_\_

\_\_\_\_\_

Relation to work: work interests, attitudes and habits, work tolerance, skills and limitations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awareness of date, time, place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special interests, hobbies and free time activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Idiosyncrasies, obsessions, fears:?

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Tempers? Outbursts? Violence to self and/or others?

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Are there any other forms of antisocial or aggressive behavior?

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Sense of danger?

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Able to read and write? Tell the time? Use the telephone? Deal with money?

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General health and sleep habits:

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Relationship to pain and illness:

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Allergies? Yes/No Please describe:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special diet? Yes/No Please describe:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any special medical conditions we should know about?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(if you have anything more to add, please continue on additional pages as needed)

Signed:\_\_\_\_\_ if sent via email, please mail a hard copy.

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Telephone: Daytime\_\_\_\_\_ Evening\_\_\_\_\_ Cell\_\_\_\_\_

Email address:\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_

\_\_\_\_\_