

Name _____

Date _____



Arts Program Application

**UMAR ARTS Program
UMAR ARTS Center
1025 E. 36th Street
Charlotte, NC 28205
704-348-0994
Fax: 704-335-8224**

**UMAR
P.O. Box 1558
Huntersville, NC 28070-1558
704-875-1328
Fax: 704-875-9276**



ARTS PROGRAM APPLICATION

*Please complete application and return to: UMAR ARTS PROGRAM
P.O. Box 1558
Huntersville, NC 28070-1558*

OR

*Phone: 704.348.0994
Fax: 704.335.8224
Email: EileenS@UMARinfo.com*

STUDENT INFORMATION			
FULL NAME	PREFERRED NAME	DATE OF APPLICATION	
PRESENT ADDRESS			
CITY/STATE/ZIP		PHONE	
DATE OF BIRTH			SEX MALE FEMALE
SOCIAL SECURITY NUMBER			
TYPE OF PLACEMENT ARTS CENTER ART CLASSES			
FAMILY DATA			
PARENTS NAMES		E-MAIL	
ADDRESS (IF DIFFERENT FROM ABOVE)		HOME PHONE	
CITY/STATE/ZIP		WORK PHONE	
LIST NAMES, ADDRESSES, PHONE NUMBERS, RELATIONSHIP FOR OTHER MEMBERS OF IMMEDIATE FAMILY			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
ADDRESS		HOME PHONE	
CITY/STATE/ZIP		WORK PHONE	
REFERRAL DATA			
AREA PROGRAM NAME		CASE MANAGER/CONTACT PERSON NAME	
ADDRESS		E-MAIL	
CITY/STATE/ZIP		PHONE	
RELATIONSHIP: PARENT LEGALLY RESPONSIBLE PERSON GUARDIAN OTHER (SPECIFY)			
LEGAL GUARDIANSHIP STATUS			
TYPE OF GUARDIANSHIP (IF APPLICABLE)		DATE OF ADJUDICATION	COUNTY
NAME OF LEGAL GUARDIAN			
ADDRESS		HOME PHONE	
CITY/STATE/ZIP		WORK PHONE	

CURRENT SERVICES RECEIVED			
<ul style="list-style-type: none"> • CAP • COMMUNITY SUPPORT • DEVELOPMENTAL THERAPIES • CASE MANAGEMENT • SUPPORTED EMPLOYMENT 			
DIAGNOSES – DSM IV			
	NAME	NUMBER	TYPE
AXIS I	DIAGNOSIS 1:		
	DIAGNOSIS 2:		
AXIS II	DIAGNOSIS 1:		
	DIAGNOSIS 2:		
AXIS III	DIAGNOSIS 1:		
	DIAGNOSIS 2:		
IDENTIFY DISABILITY (CHECK ALL THAT APPLY)			
MR LEVEL: • MILD • MODERATE • SEVERE • PROFOUND IQ: _____			
<ul style="list-style-type: none"> <li style="width: 25%;">• DEAFNESS <li style="width: 25%;">• EMOTIONAL <li style="width: 25%;">• HEARING IMPAIRED <li style="width: 25%;">• LEARNING DISABILITY <li style="width: 25%;">• SEIZURE <li style="width: 25%;">• CEREBRAL PALSY <li style="width: 25%;">• AT RISK <li style="width: 25%;">• BLINDNESS <li style="width: 25%;">• DEVELOPMENTAL DELAY <li style="width: 25%;">• OTHER: _____ <li style="width: 25%;">• AUTISM <li style="width: 25%;">• ORTHOPEDIC IMPAIRMENT <li style="width: 25%;">• VISUAL IMPAIRMENT <li style="width: 25%;">• SPEECH IMPAIRMENT 			
OTHER DIAGNOSIS:			
DESCRIBE ANY PHYSICAL IMPAIRMENT (VISION, SPEECH, HEARING, ETC.)			
DESCRIBE APPLICANT'S ABILITY TO WALK, STAND, BEND, SIT UP, USE ARMS, LEGS, AND HANDS			
DATE OF LAST PSYCHOLOGICAL EVALUATION		MEASURED FULL SCALE IQ	EXAMINER
REFERRAL SOURCE			
REASON FOR REFERRAL			
CURRENT RESIDENTIAL SERVICES			
<ul style="list-style-type: none"> • DDA GROUP HOME • FAMILY CARE HOME • PSYCHIATRIC HOSPITAL • INSTITUTION (SPECIFY) • ICF-MR • OUTPATIENT PSYCHIATRIC TREATMENT • REST HOME • NURSING HOME • SUPPORTED LIVING • CAP-MR/DD • OTHER (SPECIFY) 			
DATE ADMITTED		DATE DISCHARGED AND REASON (IF APPLICABLE)	
PROGRAM NAME			PHONE
ADDRESS			DIRECTOR
DAY PLACEMENT SERVICES			
<ul style="list-style-type: none"> • SCHOOL • WORKSHOP • SUPPORTED EMPLOYMENT • . COMMUNITY JOB • ADULT DAY HEALTH • VOLUNTEER • OTHER : _____ 			
DATE ADMITTED		DATE DISCHARGED/RESIGNED/TERMINATED (IF APPLICABLE)	
PROGRAM NAME			PHONE
DUTIES/RESPONSIBILITIES			
ADDRESS			DIRECTOR

INDEPENDENT LIVING ABILITIES	
DRESSING SKILLS	<ul style="list-style-type: none"> • COMPLETELY DRESSES SELF • COMPLETELY DRESSES SELF WITH VERBAL PROMPT • TAKES CLOTHES OFF WITH ASSISTANCE • TAKES CLOTHES OFF WITH VERBAL PROMPT • COOPERATES BY EXTENDING ARM OR LEG • MUST BE COMPLETELY DRESSED
TOILETING SKILLS	<ul style="list-style-type: none"> • NEVER HAS ACCIDENTS • NEVER HAS ACCIDENTS DURING THE DAY • OCCASIONAL ACCIDENTS DURING DAY • FREQUENT ACCIDENTS DURING DAY • BEDWETTING ACCIDENTS DURING NIGHT • NOT TOILET TRAINED AT ALL
CREATIVE SKILLS	<ul style="list-style-type: none"> • PAINTING • CLAY • SCULPTURE • PHOTOGRAPHY • GARDENING • DRAWING • DANCE • WRITING • SINGING • INSTRUMENT • MUSIC
LEISURE SKILLS	<ul style="list-style-type: none"> • ENTERTAINS SELF-DETERMINATION • NEEDS DIRECTION FROM OTHERS LIKES: <ul style="list-style-type: none"> • TELEVISION • MUSIC • OUTDOOR ACTIVITIES • PRIVACY • GROUPS • SPORTS • SWIMMING • MOVIES • GAMES • COMMUNITY INVOLVEMENT • OTHER (SPECIFY)
SUPERVISION	<ul style="list-style-type: none"> • PUBLIC TRANSPORTATION UNASSISTED • OUTDOORS UNSUPERVISED • FULL SUPERVISION • CAN STAY UNSUPERVISED IN HOME
COMMENTS	
VISION HEARING AND DENTAL	
RATE VISION WITH GLASSES AND HEARING WITH HEARING AID IF USED BY THE CLIENT	
CORRECTIVE LENSES: <ul style="list-style-type: none"> • YES • NO • GLASSES • CONTACT LENSES • RIGHT EYE _____/20 • LEFT EYE _____/20 	
VISION: <ul style="list-style-type: none"> • NORMAL VISION • SOME DIFFICULTY • GREAT DIFFICULTY • LEGALLY BLIND • TOTALLY BLIND • UNDETERMINED 	
HEARING AID: <ul style="list-style-type: none"> • YES • NO • NO HEARING LOSS • MILD LOSS • SEVERE LOSS • PROFOUND LOSS • UNDETERMINED 	
DENTAL APPLIANCES: <ul style="list-style-type: none"> • YES • NO IF YES, SPECIFY • NO DENTAL SERVICES • GOOD DENTAL HEALTH 	
COMMENTS	
SOCIALIZATION AND COMMUNICATION	
SOCIALIZATION: <ul style="list-style-type: none"> • INITIATES INTERACTION WITH PEOPLE • INITIATES INTERACTION SELECTIVELY WITH FAMILIAR PEOPLE • INTERACTS WITH PEERS, STAFF, AND FAMILY • INTERACTS WITH STAFF, BUT NOT WITH PEERS AND FAMILY • NEVER OR RARELY INTERACTS WITH STAFF, PEERS, AND FAMILY 	
EXPRESSIVE COMMUNICATION: <ul style="list-style-type: none"> • USES EXPRESSIVE LANGUAGE CLEARLY • USES EXPRESSIVE LANGUAGE WITH DIFFICULTY • USES EXPRESSIVE COMMUNICATION ACTS • USES AUGMENTATIVE COMMUNICATION • USES VOCALIZATIONS SELECTIVELY • DOES NOT INTENTIONALLY EXPRESS SELF • USES ASL • USES SIGN 	
RECEPTIVE COMMUNICATION: <ul style="list-style-type: none"> • COMPREHENDS MOST SPOKEN LANGUAGE • COMPREHENDS LITTLE SPOKEN LANGUAGE • RESPONDS TO GESTURES OR AUDITORY CUES • ATTENDS TO GESTURES OR AUDITORY CUES • DOES NOT RESPOND TO COMMUNICATION 	
COMMENTS	
MENTAL CAPABILITIES	
HAS APPLICANT EVER BEEN TREATED BY A PSYCHIATRIST/PSYCHOLOGIST, STATE HOSPITAL, MENTAL HEALTH CENTER? (PLEASE EXPLAIN AND INCLUDE DATES)	
DESCRIBE ANY UNUSUAL OR PECULIAR BEHAVIOR HABITS THAT UMAR SHOULD KNOW ABOUT (SEXUAL, BEHAVIORAL, AND PSYCHOLOGICAL CONCERNS)	
DESCRIBE THE APPLICANT'S ABILITY TO GET ALONG WITH OTHERS	
IS THE APPLICANT PHYSICALLY OR VERBALLY AGGRESSIVE? IF SO, PLEASE EXPLAIN AND GIVE DATE OF LAST AGGRESSIVE EPISODE	
DESCRIBE THE APPLICANT'S ABILITY TO REMEMBER, UNDERSTAND SPEECH, AND ABILITY TO THINK AND RESPOND	
IS APPLICANT AWARE OF TIME AND PLACE	
DOES APPLICANT SIGN HIS/HER OWN NAME ON LEGAL FORMS AND CHECKS	

FAMILY / SOCIAL SUPPORT INFORMATION				
USUAL HOUSEHOLD COMPOSITION (IF LIVING AT HOME)				
RELATIONSHIP TO CLIENT		AGE	TASKS PERFORMED FOR CLIENT	
INFORMAL NON-PAID CARE PROVIDERS (OTHER THAN HOUSEHOLD)				
RELATIONSHIP	LOCATION	PHONE	TASKS PERFORMED	DAYS/HOURS AVAILABLE
IDENTIFY SERVICES FAMILY/SOCIAL SUPPORT SYSTEM FEELS ARE NEEDED FOR THE CLIENT TO STAY IN HIS/HER DAY PLACEMENT				
WHAT HAS CAUSED YOU TO SEEK DAY PLACEMENT AT THIS TIME				
FINANCIAL INFORMATION				
INCOME (SSI, SOCIAL SECURITY, EMPLOYMENT, ETC.)				
SOURCE			MONTHLY AMOUNT	
1.			\$	
2.			\$	
3.			\$	
4.			\$	
IS APPLICANT HIS OWN PAYEE? YES NO		IF NOT, WHO IS?		
PROPERTY: DESCRIPTION/LOCATION				VALUE
1. REAL ESTATE				
2. OTHER				
SAVINGS ACCOUNTS, STOCKS, CHECKING ACCOUNT				AMOUNT
1.				
2.				
3.				
4.				

INSURANCE INFORMATION		
PRIVATE INSURANCE YES NO		NUMBER OF POLICIES:
WHERE		
POLICY/GROUP HOLDER NAME		SUBSCRIBER ID/GROUP #
COMPANY(S) NAME AND ADDRESS		
IS APPLICANT A MEDICAID RECIPIENT, OR ELIGIBLE RECIPIENT? YES NO	MEDICAID NUMBER	MEDICARE NUMBER
OTHER INSURANCE		
SOCIAL HISTORY INFORMATION		
EDUCATION (WHEN AND WHERE)		
SPECIAL EDUCATION OR TRAINING INCLUDING ART EDUCATION/TRAINING		
TYPE OF WORK EXPERIENCE		
HISTORY OF RESIDENCE (CITY, COUNTY, STATE)		APPROXIMATE DATES
WHAT TYPES OF FAMILY AND COMMUNITY SUPPORTS ARE IN PLACE FOR THE INDIVIDUAL		
WHAT ARE THE FAMILY'S PLANS FOR FUTURE INVOLVEMENT		
WHAT ARE THE FAMILY'S PLANS IF TRIAL PLACEMENT IS UNSATISFACTORY		
HOW DOES APPLICANT FEEL ABOUT ATTENDING A DAY PROGRAM		
LIST HOSPITALIZATIONS WITHIN THE LAST FIVE YEARS, INCLUDING REASONS, DATES, PLACE:		
SUMMARY OF IMMUNIZATIONS, HEP B SERIES/SCREENING, DRUG SENSITIVITIES, CURRENT MEDICAL REQUIREMENTS, AND ANY SPECIAL MEDICAL PROBLEMS		
LIST THE APPLICANT'S STRENGTHS		
DESCRIBE THE APPLICANT'S CHALLENGES		

CERTIFICATION

UMAR PROHIBITS USE OF ILLEGAL DRUG USE OR OTHER CRIMINAL ACTIVITIES. DO YOU ENGAGE IN ILLEGAL DRUG USE OR OTHER CRIMINAL ACTIVITY?

YES NO

I CERTIFY THAT ALL PERTINENT INFORMATION REGARDING BEHAVIORAL PROBLEMS, SEXUAL PROBLEMS, PSYCHOLOGICAL PROBLEMS, DRUG USE OR OTHER CRIMINAL ACTIVITY, AND ANY INCIDENTS THAT HAVE OCCURRED IN THESE AREAS HAVE BEEN GIVEN TO THE ADMISSIONS COMMITTEE. NO INFORMATION HAS BEEN WITHHELD. I HEREBY GIVE MY CONSENT FOR RELEASE OF ALL MEDICAL INFORMATION AND SOCIAL, VOCATIONAL, AND PSYCHOLOGICAL EVALUATIONS AS NEEDED TO THE UMAR ADMISSIONS COMMITTEE FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR PLACEMENT IN THE UMAR ARTS PROGRAM. I ALSO UNDERSTAND THAT A DRUG AND CRIMINAL CHECK MAY BE PERFORMED PRIOR TO ADMISSION.

APPLICANT SIGNATURE OR MARK

DATE

WITNESS (PARENT OR GUARDIAN)

DATE

APPLICANT STATEMENT

I HEREBY APPLY FOR ADMISSION TO THE UMAR ARTS PROGRAM. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ARTS CENTER AND UNDERSTAND THAT VIOLATION OF THE RULES CAN RESULT IN IMMEDIATE SUSPENSION AND/OR DISCHARGE.

APPLICANT SIGNATURE OR MARK

DATE

WITNESS (PARENT OR GUARDIAN)

DATE

PERSON COMPLETING APPLICATION

RELATIONSHIP

PLEASE NOTE**THIS APPLICATION MUST BE ACCOMPANIED BY:**

- MOST RECENT PSYCHOLOGICAL REPORT
- APPLICANT PHOTOGRAPH
- MEDICAL HISTORY
- BEHAVIORAL EVALUATION AND/OR BEHAVIOR MODIFICATION PLAN (IF APPLICABLE)
- CASE MANAGER'S NAME AND AGENCY WITH CONTACT INFORMATION
- CURRENT PERSON CENTERED PLAN

IF ACCEPTED FOR ADMISSION:

- MEDICAL EXAM WILL BE REQUIRED – SCRIPTS FOR ALL MEDICATIONS
- HEP B SERIES/SCREENING & TB TEST REQUIRED
- DRUG AND CRIMINAL SCREENING MAY BE PERFORMED
- CASE MANAGER MUST BE IN PLACE
- REVISION OF PCP TO INCLUDE ARTS PROGRAM GOALS



APPLICATION FOR ARTS PROGRAM

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UMAR
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 Huntersville, NC 28070-1558 OR

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 Fax: 704.335.8224
 Email: EileenS@UMARinfo.com*

FOR STATISTICAL PURPOSES	
RACE	
AMERICAN INDIAN OR ALASKAN NATIVE AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ASIAN CAUCASIAN	
ETHNICITY	
HISPANIC OR LATINO NON-HISPANIC OR LATINO	
ARE YOU CURRENTLY INVOLVED IN THE USE OF ILLEGAL DRUGS?	
ARE YOU REGISTERED IN A STATE SEX OFFENDER LIFETIME REGISTRATION?	
DO YOU PARTICIPATE IN THE MEDICARE PART D PRESCRIPTION DRUG PLAN?	
ARE YOU ENROLLED AS A STUDENT AT AN INSTITUTE OF HIGHER LEARNING?	
APPLICANT CERTIFICATION	
I CERTIFY THAT THE STATEMENTS MADE ON THIS PRELIMINARY APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INCOMPLETE INFORMATION MAY RESULT IN PUNISHMENT UNDER FEDERAL LAW.	
SIGNATURE OF HEAD OF HOUSEHOLD/GUARDIAN OR SELF (OWN GUARDIAN)	DATE

Date Application Received _____
 Date Accepted _____
 Date Started in Program _____

UMAR FAQ's

RESIDENTIAL SERVICES

What are the criteria for admission into a UMAR group home?

UMAR does not base acceptance requirements upon a *general* or *standard* for its residents. Aside from being over 18 years of age with a primary diagnosis of mental retardation or other developmental disability, UMAR considers age compatibility within a home, personality compatibility, location as it applies to the family and specific physical requirements of the individual. To ensure that an individual's placement is beneficial to both the individual and the other group home residents, a 90-day trial period is standard for all new admissions.

How many group homes does UMAR manage?

UMAR currently operates 22 group homes across Western North Carolina in Asheville (2), Hayesville (1), Charlotte (5), Concord (1), Cornelius (1), Statesville (1), Lexington (1), Lincolnton (2), Gastonia (2), High Point (1), Greensboro (2) and Winston-Salem (3). High Point was the site of UMAR's original group home.

How many apartments does UMAR manage?

UMAR operates 8 apartments in Charlotte.

How many residents does UMAR support?

UMAR serves over 135 individuals in its group homes and apartments.

How big is a group home?

On average, group homes are approximately 3,000 sq. ft. with 7 bedrooms (one for overnight staff) and common living areas. In this home-like atmosphere, residents learn independence and enjoy a social environment that is not available in other long-term care settings.

What age are UMAR residents?

UMAR residents vary in age (from 18 to 70), gender, race, religious and ethnic backgrounds.

How are the group homes staffed?

Staffing is handled around-the-clock by qualified Residential Counselors. UMAR's group homes have live-in staff that work 7-days on and 7-days off. A couple of group homes require 3 shifts of awake staff, due to the needs of the residents. Apartment homes only require 5-20 hours of residential care per week (depending on the needs of the individuals).

What programs does UMAR offer?

UMAR's program services include individualized job coaching, supported employment, an arts program, recreation, personal growth goals, advocacy, CAP services (services in parents homes or own homes) and in-home services. Group home residents gain independence by learning to cook dinner, wash their own laundry and clean their bedrooms. Because UMAR can provide transportation services, a large portion of group home residents are active in vocal and musical groups, hobby clubs and sporting events, and many are employed in the community.

Does UMAR have a registry for its group homes?

While UMAR provides supports to over 135 individuals, there are still nearly 175 individuals that have specifically requested UMAR services, but we are unable to accommodate at this time. In North Carolina, over 7,000 individuals with developmental disabilities are on waiting list for services and supports (not served or underserved)

Can UMAR provide support to my family member in our home?

UMAR CAN PROVIDE SERVICES TO AN INDIVIDUAL THAT LIVES WITH A PARENT/GUARDIAN OR IN HIS/HER OWN HOME. UMAR IS A PROVIDER OF CAP SERVICES AND DEVELOPMENTAL THERAPY SERVICES, AND FOR THOSE WITH NO STATE OR LOCAL FUNDING SOURCES, A PRIVATE PAY SITUATION CAN BE WORKED OUT. SERVICES TO BE PROVIDED TO THE INDIVIDUAL INCLUDE COMMUNITY INCLUSION, SELF-HELP SKILLS, SOCIALIZATION AND LEISURE SKILLS AND RESIDENTIAL SKILLS, TO NAME A FEW.

If my family member is accepted into a UMAR home, what financial requirements will I be responsible for?

Aside from the monthly state approved board rate, UMAR does not enforce any financial requirements on its residents or their families, and acceptance into a group home does not depend on a family's financial situation. However, to help bridge the gap between government subsidization and the actual cost of living in the group homes, UMAR does advocate a multi-year pledge program to its supporters, as well as planned giving options.

Employment and Community Integration

ARTS Program

The UMAR ARTS Program provides creative opportunities for adults with intellectual and developmental disabilities. Program participants study with artists at the UMAR ARTS Center, as well as at community arts organizations and artists' studios in Mecklenburg County. The program provides community outreach experiences for students, giving them opportunities to give back to the community, as well as partnering with businesses. Students create visual art, exhibit it for sale, earn a commission and develop creative skills through writing, art, ceramics, photography and gardening. The UMAR ARTS Center is a 6-hour, 5 day per week program that offers morning and afternoon sessions striving to: develop art skills, break down social barriers by forming partnerships in the community, create workers for the art industry, teach skills that are required for successful independent daily living and provide important job training for adults who need one-on-one assistance because of their disability. Once training is complete, program participants can be placed in competitive employment in the community as support for artists in locations such as studios, galleries, museums, frame shops, retail stores, catering or performing art venues.

Supported Employment Program

The UMAR Supported Employment Program is a service for adults with disabilities to secure and maintain employment. Supported Employment focuses on finding and adapting jobs to meet the needs of the people we serve. A job training specialist works with individuals in determining strengths and interests, while providing job training assistance along with long term support to assist in maintaining employment. The UMAR Supported Employment program currently provides services in Cabarrus, Mecklenburg, Stanly, and Union counties.

Corporate

What is UMAR's mission?

UMAR promotes community inclusion, independence and growth for adults with intellectual and developmental disabilities through residential, employment and cultural enrichment options.

When was UMAR established?

Established in 1983, UMAR is a 501(c)3 non-profit organization dedicated to developing and managing group homes for adults with developmental disabilities.

What is UMAR's annual budget?

UMAR's annual budget for 2006-07 was \$5,473,000. 80% of our income comes from government funding. The remaining 20% is generated through church contributions, multi-year pledging, corporate donations, planned giving and fundraising.

How many employees does UMAR have?

UMAR employs approximately 90 full time staff, 50 part time staff and hosts a varying number of volunteers depending on special events or availability (please note these numbers are an average and may fluctuate.)

What is UMAR's turnover rate for direct care employees?

UMAR's turnover rate for caregivers in 2006-07 was 21.48%. In April 2005, a University of Minnesota study reported that the national average turnover rate for direct care providers was 75%.