

Name _____

Date _____



Residential Services Application

UMAR
535 77 Center Drive
Charlotte, NC 28217
704-659-7619
Fax: 704-274-2835



RESIDENTIAL SERVICES APPLICATION

Please complete application and return to: Intake/LaJoi Young
5350 77 Center Dr. Suite 201
Charlotte, NC 28217 OR

Phone: 704.659-7619
Fax: 704-274-2835
Email: LaJoiY@UMARinfo.com

RESIDENT INFORMATION		
FULL NAME	PREFERRED NAME	DATE OF APPLICATION
PRESENT ADDRESS		
CITY/STATE/ZIP		PHONE
DATE OF BIRTH	PLACE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SOCIAL SECURITY NUMBER		RELIGIOUS PREFERENCE
TYPE OF PLACEMENT: <input type="checkbox"/> GROUP HOME <input type="checkbox"/> APARTMENT	<input type="checkbox"/> FOR WHICH AREA ARE YOU APPLYING: <input type="checkbox"/> ASHEVILLE <input type="checkbox"/> CHARLOTTE <input type="checkbox"/> CONCORD <input type="checkbox"/> CORNELIUS <input type="checkbox"/> GASTONIA <input type="checkbox"/> GREENSBORO <input type="checkbox"/> HAYESVILLE <input type="checkbox"/> HIGH POINT <input type="checkbox"/> LINCOLNTON <input type="checkbox"/> LEXINGTON <input type="checkbox"/> STATESVILLE <input type="checkbox"/> WINSTON-SALEM <input type="checkbox"/> OTHER:	OTHER UMAR SERVICES REQUESTED:
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: <input type="checkbox"/> PARENT <input type="checkbox"/> LEGALLY RESPONSIBLE PERSON <input type="checkbox"/> GUARDIAN <input type="checkbox"/> 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			
• 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"> • DEAFNESS • CEREBRAL PALSY • AUTISM • EMOTIONAL • AT RISK • ORTHOPEDIC IMPAIRMENT • HEARING IMPAIRED • BLINDNESS • VISUAL IMPAIRMENT • LEARNING DISABILITY • DEVELOPMENTAL DELAY • SPEECH IMPAIRMENT • SEIZURE 			
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			
• 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 (IF APPLICABLE)	
PROGRAM NAME			PHONE
ADDRESS			DIRECTOR
DAY PLACEMENT SERVICES			
• SCHOOL • WORKSHOP • SUPPORTED EMPLOYMENT • COMMUNITY JOB • ADULT DAY HEALTH • VOLUNTEER • OTHER : _____			
DATE ADMITTED/HIRED		DATE DISCHARGED/RESIGNED/TERMINATED (IF APPLICABLE)	
PROGRAM NAME			PHONE
DUTIES/RESPONSIBILITIES			
ADDRESS			DIRECTOR/SUPERVISOR

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
SLEEPING HABITS	<ul style="list-style-type: none"> • SLEEPS THROUGH THE NIGHT • NAPS DURING THE DAY • CLIMBS OUT OF BED
LEISURE SKILLS	<ul style="list-style-type: none"> • ENTERTAINS SELF-DETERMINATION • NEEDS DIRECTION FROM OTHERS LIKES: • 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: • YES • NO • GLASSES • CONTACT LENSES • RIGHT EYE ____/20 • LEFT EYE ____/20	
VISION: • NORMAL VISION • SOME DIFFICULTY • GREAT DIFFICULTY • LEGALLY BLIND • TOTALLY BLIND • UNDETERMINED	
HEARING AID: • YES • NO • NO HEARING LOSS • MILD LOSS • SEVERE LOSS • PROFOUND LOSS • UNDETERMINED	
DENTAL APPLIANCES: • YES • NO IF YES, SPECIFY	
• NO DENTAL SERVICES • GOOD DENTAL HEALTH	
COMMENTS	
SOCIALIZATION AND COMMUNICATION	
SOCIALIZATION: • 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: • 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 AMERICAN SIGN LANGUAGE • USES SIGN	
RECEPTIVE COMMUNICATION: • 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	

PHYSICAL HEALTH CARE	
PREFERRED PHYSICIAN	PHONE
ADDRESS/CITY/STATE/ZIP	
PREFERRED DENTIST	PHONE
ADDRESS/CITY/STATE/ZIP	
PREFERRED HOSPITAL	PHONE
ADDRESS/CITY/STATE/ZIP	
DOES APPLICANT HAVE SEIZURES? • YES • NO IF YES, PLEASE GIVE TYPE AND FREQUENCY	
PLEASE LIST ANY ALLERGIES	

MEDICATIONS (PLEASE LIST ALL MEDICATIONS)

MEDICATION NAME	DOSAGE & FREQUENCY	ROUTE	PURPOSE OF MEDICATION	COMPLIANCE PROBLEMS

SELF-ADMINISTRATION OF MEDICATIONS

- ABLE TO TAKE MEDICATIONS IN THE RIGHT DOSES AT THE RIGHT TIME
- CAN TAKE MEDICATIONS, NEEDS HELP WITH PREPARATION
- CAN PREPARE AND TAKE MEDICATIONS WITH REMINDER
- UNABLE TO TAKE MEDICATION WITHOUT ASSISTANCE

BEHAVIORAL CONCERNS

DOES THE APPLICANT DISPLAY ANY OF THE BEHAVIORAL CONCERNS LISTED BELOW?
 IF SO, PLEASE RATE ALL THAT APPLY AS TO: 1 = SEVERE 2 = MODERATE 3 = MILD

1	2	3	NO BEHAVIORAL CONCERNS	1	2	3	ASSAULTIVE	1	2	3	STEALS
1	2	3	SELF STIMULATION	1	2	3	VERBAL THREATS	1	2	3	LOW TOLERANCE TO PHYSICALLY HANDLED
1	2	3	LOSES TEMPER EASILY	1	2	3	DAMAGES PROPERTY	1	2	3	CRIES / SCREAMS EXCESSIVELY
1	2	3	SELF INJURIOUS	1	2	3	INAPPROPRIATE SEXUAL BEHAVIOR	1	2	3	PICA/ ATTEMPTS TO EAT INEDIBLES
1	2	3	NONCOMPLIANCE	1	2	3	RUNS AWAY PURPOSELY	1	2	3	WANDERS AWAY AIMLESSLY
1	2	3	LIES	1	2	3		1	2	3	

EXPLAIN ALL ABOVE RATED BEHAVIORS

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 RESIDENTIAL PLACEMENT				
WHAT HAS CAUSED YOU TO SEEK RESIDENTIAL PLACEMENT AT THIS TIME				
FINANCIAL INFORMATION				
INCOME (SSI, SOCIAL SECURITY, EMPLOYMENT, ETC.)				
SOURCE			MONTHLY AMOUNT	
1.			\$	
2.			\$	
3.			\$	
4.			\$	
IS APPLICANT HIS OWN PAYEE? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID NUMBER	MEDICARE NUMBER
OTHER INSURANCE		
SOCIAL HISTORY INFORMATION		
EDUCATION (WHEN AND WHERE)		
SPECIAL EDUCATION OR 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 LIVING IN A GROUP HOME		
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 UMAR SERVICES. 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 RESIDENTIAL PROGRAM. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE HOME AND UNDERSTAND THAT VIOLATION OF THE RULES CAN RESULT IN DISCHARGE.

APPLICANT SIGNATURE OR MARK

DATE

WITNESS (PARENT OR GUARDIAN)

DATE

PERSON COMPLETING APPLICATION

RELATIONSHIP

PLEASE NOTE

THIS APPLICATION MUST BE ACCOMPANIED BY:

- RECENT PSYCHOLOGICAL REPORT (WITHIN 12 MONTHS)
- APPLICANT PHOTOGRAPH
- MEDICAL HISTORY
- BEHAVIORAL EVALUATIONS/MODIFICATION PLANS (IF APPLICABLE)
- CURRENT SERVICE PLAN (IF APPLICABLE)

IF ACCEPTED FOR ADMISSION:

- MEDICAL EXAM WILL BE REQUIRED
- HEP B SERIES/SCREENING
- DRUG AND CRIMINAL SCREENING MAY BE PERFORMED
- FUNERAL ARRANGEMENTS MUST BE COMPLETE
- COPIES OF SOCIAL SECURITY CARD AND BIRTH CERTIFICATE



APPLICATION FOR HOUSING ASSISTANCE

Please complete application and return to: **UMAR**
5350 77 Center Dr. Suite 201
Charlotte, NC 28217

Phone: 704.875.1328
Fax: 704.875.9276
Email: LaJoiY@UMARinfo.com

PROJECT NAME		DATE OF APPLICATION
APPLICANT INFORMATION		
LAST NAME		FIRST NAME
PRESENT STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ANNUAL INCOME	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS OF THE HOUSEHOLD		
FOR STATISTICAL PURPOSES		
RACE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> CAUCASIAN		
ETHNICITY <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> 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		DATE

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 Intellectual Disability 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 homes does UMAR manage?

Across western North Carolina, UMAR currently operates 23 group homes, each housing 6 individuals. The first group home was in High Point. In addition, UMAR has group homes in Asheville (2), Hayesville (2), Charlotte (5), Concord (1), Cornelius (1), Statesville (1), Lexington (1), Lincolnton (2), Gastonia (2), Greensboro (2) and Winston-Salem (3). UMAR also operates 1 independent living home that serves 3 men in Cornelius.

How many apartments does UMAR manage?

UMAR operates 9 apartments in Huntersville.

How many people does UMAR support?

UMAR serves over 400 individuals through its programs and services – 150 specifically in residential services.

How big is a group home?

Group homes average approximately 3,000 sq. ft. with 7 bedrooms (one for overnight staff) and common living areas. In this home-like atmosphere, residents learn independent-living skills 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 direct support professionals. 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 oversight per week (dependent on the needs of the individuals).

What services does UMAR offer?

UMAR services include day programs, individualized job coaching, supported employment, recreation, personal growth goals, advocacy and Innovations/Innovations, formerly called "CAP", services (services in parents' homes or within client's own homes). As UMAR provides 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. Group home residents gain independence by learning to cook dinner, washing their own laundry and cleaning their own bedrooms.

Does UMAR have a registry for its group homes?

UMAR keeps a list of individuals that have specifically requested our services and whom we are unable to accommodate at this time. Currently, that list has over 70 names. In North Carolina, over 7,000 individuals with developmental disabilities (not served or underserved) are on waiting lists for services and supports

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

YES, UMAR CAN PROVIDE SERVICES TO AN INDIVIDUAL THAT LIVES WITH A PARENT/GUARDIAN OR IN THEIR OWN HOME. UMAR IS A PROVIDER OF INNOVATIONS SERVICES AND DEVELOPMENTAL THERAPY SERVICES. FOR INDIVIDUALS WITH NO STATE OR LOCAL FUNDING SOURCES, A PRIVATE PAY SITUATION CAN BE WORKED OUT. SERVICES THAT CAN BE PROVIDED INCLUDE COMMUNITY INCLUSION, SELF-HELP SKILLS, SOCIALIZATION & LEISURE SKILLS, RESIDENTIAL SKILLS AND OTHERS.

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 opportunities.

When was UMAR established?

Established in 1983, UMAR is a 501(c)3 non-profit organization dedicated to serving and supporting adults with disabilities.

Is UMAR accredited?

Yes, UMAR earned a three--year national accreditation for all of our programs with three exemplary ratings from the Commission on Accreditation of Rehabilitation Facilities (CARF) in 2009. This is the highest level of accreditation that can be awarded and exemplary ratings, which identify programs of excellence, were given for the arts program, low staff turnover and creation of a Resident In Need Fund. UMAR earned another three-year accreditation in 2012.

What is UMAR's annual budget?

UMAR's annual budget is around \$8 million with over 80% of the income coming from government funding. The remainder is generated through fundraising from individuals, families, churches, foundations and others.

How many employees does UMAR have?

UMAR employs over 250 trained staff – 90% of whom 168 provide direct care services and support.