



## Dominion Residence Of Maryland, Inc. (DROM, Inc.)

*Serving adults with intellectual & other developmental disabilities*

4355 Nicole Drive  
Lanham, MD 20706  
Tel: 301-306-2020 Fax: 301-306-2022

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### **APPLICATION FOR ADMISSION FOR COMMUNITY LIVING**

#### I. Information for applicant to keep:

- A. Admissions and Terminations Policies and Procedures

#### II. Forms to be completed and returned:

- A. Universal Application Single Portal Information
- B. Social History
- C. Pre-Admission Authorization for Release of Information

#### III. Additional information to be submitted before applicant can be screened for admission:

- A. Psychological Evaluation (completed within the last 3 years)
- B. Psychiatric Evaluation (if requested)

Return completed application packet along with psychological evaluation and, if requested, psychiatric evaluation to:

Dominion Residence of Maryland, Inc.

4355 Nicole Drive

Lanham, MD 20706

For information or questions, please call (301) 306-2020.

**Universal Application**  
**Single Portal Information**

**I. Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Race: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Financial Responsibility: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Marital Status of Applicant: Married \_\_\_\_\_ Single \_\_\_\_\_

Widowed \_\_\_\_\_ US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Divorced \_\_\_\_\_

**II. Legal Information**

Are you your own guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you adjudicated incompetent by a court hearing? Yes \_\_\_ No \_\_\_

Effective Date \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Telephone: Home \_\_\_\_\_

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

Work \_\_\_\_\_ Relationship \_\_\_\_\_

What type of guardianship? \_\_\_\_\_ Testamentary Guardianship

\_\_\_\_\_ Guardian of the Person

\_\_\_\_\_ Guardian of Estate

\_\_\_\_\_ General (Plenary Guardianship)

\_\_\_\_\_ Partial/Limited Guardianship

Person to notify in case of emergency: Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relationship \_\_\_\_\_

### III. Family Information

What is your relationship with your family?

Live with immediate family: \_\_\_\_\_ Visit family: \_\_\_\_\_ Phone Calls: \_\_\_\_\_

Live with extended family: \_\_\_\_\_ No contact: \_\_\_\_\_ Letters: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tel (Home) \_\_\_\_\_

Address: \_\_\_\_\_ (Work) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tel (Home) \_\_\_\_\_

Address: \_\_\_\_\_ (Work) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Siblings: \_\_\_\_\_

### IV. Financial Information

What is your total annual income: (Employment plus benefits- check all the sources)

1. Social Security \_\_\_\_\_ 5. SSDI \_\_\_\_\_

2. Child Support \_\_\_\_\_ 6. Veteran's Benefits \_\_\_\_\_

3. SSI \_\_\_\_\_ 7. Employment \_\_\_\_\_

4. Family \_\_\_\_\_ 8. Other \_\_\_\_\_

Check all sources:

1. Checking \_\_\_\_\_ 4. Real Property (Value) \_\_\_\_\_

2. Trust Fund \_\_\_\_\_ 5. Certificate of Deposit \_\_\_\_\_

3. Savings \_\_\_\_\_ 6. Other \_\_\_\_\_

Financial Benefit Payee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Financial Benefit Payee Telephone (Work): \_\_\_\_\_ ( Home) \_\_\_\_\_

## V. Applicant's Insurance

Name of your health insurance company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

Medicaid # \_\_\_\_\_

Medicare# \_\_\_\_\_

## VI. Intellectual DISABILITY Information

Have you ever been diagnosed with any intellectual disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your primary diagnosis?

\_\_\_\_\_

What is your secondary diagnosis?

\_\_\_\_\_

Do you take medication for your diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list by name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you take medications by yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

## VII. Medical/Physical Information

1. Primary Diagnosis:

\_\_\_\_\_

2. Secondary Diagnosis:

\_\_\_\_\_

3. Other physical limitations:

\_\_\_\_\_

Do you take medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take medications independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical medications? Ambulation \_\_\_\_\_ Sight \_\_\_\_\_ Hearing \_\_\_\_\_  
Other \_\_\_\_\_

Please describe the physical limitations you checked:

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Current Physical Illness: Type \_\_\_\_\_ Treatment: \_\_\_\_\_

Type \_\_\_\_\_ Treatment: \_\_\_\_\_

## **VII. Medical/Physical Information Continued:**

Have you been hospitalized in the past year for a physical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Is any follow-up needed?

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Do you have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

List to what you are  
allergic \_\_\_\_\_

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If someone else helped you complete this, please answer the following questions:

Name: \_\_\_\_\_ Tel (Work) \_\_\_\_\_

Address: \_\_\_\_\_ Tel (Home) \_\_\_\_\_

## VIII. Access to Transportation

Drives own car: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

Taxi \_\_\_\_\_ Other \_\_\_\_\_

Uses public transportation \_\_\_\_\_ Walks \_\_\_\_\_ Specialized Vehicle \_\_\_\_\_

Rides with others \_\_\_\_\_ Bike \_\_\_\_\_

Do you have any problems with your current transportation? \_\_\_\_\_

## A. Independent Living Skills

Indicate the level of assistance needed by circling the correct response:

1. Can do myself

2. I need to be reminded

3. I need help

**Toileting** 1 2 3

**Household Chores** 1 2 3

**Laundry** 1 2 3

**Grooming** 1 2 3

**Taking Medications** 1 2 3

**Grocery Shopping** 1 2 3

**Dressing** 1 2 3

**Simple Meal Prep** 1 2 3

**Leisure Activities** 1 2 3

**Bathing** 1 2 3

**Manage My Money** 1 2 3

**Job Daily Activities** 1 2 3

**Transportation** 1 2 3

**Eating/Drinking** 1 2 3

**Other** 1 2 3

If other, please explain:

\_\_\_\_\_

Is there anything else we need to know?

\_\_\_\_\_

## B. Education

Current school (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone \_\_\_\_\_

## Education History

Last school attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Received High School Diploma (date): \_\_\_\_\_

Received Certificate (date): \_\_\_\_\_ Type of Certificate: \_\_\_\_\_

Received College Degree (date): \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Other: \_\_\_\_\_

Would you like to go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check all that apply:

Home study \_\_\_\_\_ Technical Community College \_\_\_\_\_

Where \_\_\_\_\_

Continuing Education Courses \_\_\_\_\_ Where \_\_\_\_\_

Two Year College \_\_\_\_\_ Where \_\_\_\_\_

Four Year College \_\_\_\_\_ Where \_\_\_\_\_

Other \_\_\_\_\_

What classes, courses, and programs would you like to take?

\_\_\_\_\_

### **C. Day Activity Profile**

1. Do you participate in a day activity or program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of activity or program (check all that applies):

Day Program \_\_\_\_\_ Where: \_\_\_\_\_

Volunteer Work \_\_\_\_\_ Where: \_\_\_\_\_

By Yourself \_\_\_\_\_ with a Group \_\_\_\_\_ with a Job Coach \_\_\_\_\_

Senior service activity

Program \_\_\_\_\_ Where \_\_\_\_\_

Arts Program \_\_\_\_\_ Where \_\_\_\_\_

Dance/Movement \_\_\_\_\_

Creative Writing/Poetry \_\_\_\_\_

Drawing/Painting \_\_\_\_\_

Pottery \_\_\_\_\_

Crafts \_\_\_\_\_ Describe \_\_\_\_\_

Singing \_\_\_\_\_

Drama \_\_\_\_\_ Other \_\_\_\_\_

### C. Day Activity Profile Continued

2. Would you like to participate in a day activity program?

A. Would you like to attend a day program? Yes \_\_\_\_\_ No \_\_\_\_\_

Where \_\_\_\_\_

B. Would you like to do volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_

By yourself \_\_\_\_\_ With a Group \_\_\_\_\_ With a Job Coach \_\_\_\_\_

Where: \_\_\_\_\_

C. Would you like to participate in a senior service program? Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_

D. Would you like to participate in an arts program? Yes \_\_\_\_\_ No \_\_\_\_\_

Where: \_\_\_\_\_

### D. Employment

Have you worked? Yes \_\_\_\_\_ No \_\_\_\_\_

(Even short periods and employment during school is important)

**If yes, please complete the following information:**

Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	



Dates Employed:	
Reason for leaving:	

<b>Employer Name:</b>	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

<b>Employer Name:</b>	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	

Employer Telephone:	
Dates Employed:	
Reason for leaving:	

Are you interested in working in the community? Yes \_\_\_\_\_ No \_\_\_\_\_

What would you like to do? \_\_\_\_\_

\_\_\_\_\_

Will you need vocational training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of training do you think you will need? Please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kind of other help do you think you will need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Residential Information**

Where do you live?

With Parents \_\_\_\_\_ ICF/MR Group Homes \_\_\_\_\_ With Relatives \_\_\_\_\_

With Friends \_\_\_\_\_ DDA ALU \_\_\_\_\_ Family Care Home \_\_\_\_\_

Foster Care \_\_\_\_\_ Supervised Apt. \_\_\_\_\_ Alternative Family Living \_\_\_\_\_

Apartment (alone) \_\_\_\_\_ (Roommate) \_\_\_\_\_ Owns Home \_\_\_\_\_

Other \_\_\_\_\_

## Residential History

Have you ever lived anywhere else?

Place Address Dates (To/From)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

I am looking for a new residence because: Family Issues \_\_\_\_\_

Desire a Change \_\_\_\_\_

Reason \_\_\_\_\_

Current residence will no longer be available \_\_\_\_\_

Reason \_\_\_\_\_

Other \_\_\_\_\_

Reason \_\_\_\_\_

Where would you like to live?

With Parents \_\_\_\_\_ ICF/MR Group Homes \_\_\_\_\_ With Relatives \_\_\_\_\_

With Friends \_\_\_\_\_ DDA Group Home \_\_\_\_\_ Family Care Home \_\_\_\_\_

Foster Care \_\_\_\_\_ Supervised Apt. \_\_\_\_\_ Alternative Family Living \_\_\_\_\_

Apartment (alone) \_\_\_\_\_ (Roommate) \_\_\_\_\_ Owns Home \_\_\_\_\_

Other \_\_\_\_\_

## E. Residential Information Continued

I prefer:

To live alone \_\_\_\_\_ To live with someone else close in age \_\_\_\_\_

To live with others with similar interests \_\_\_\_\_

To smoke in my house \_\_\_\_\_

On a bus line \_\_\_\_\_

To live with a non-smoker \_\_\_\_\_

To live in the country \_\_\_\_\_

Male staff \_\_\_\_\_

To live in the city/town \_\_\_\_\_

Female staff \_\_\_\_\_

To have a pet \_\_\_\_\_

Other \_\_\_\_\_

## F. Recreation & Leisure

Please list any clubs/organizations/groups in which you participate or have membership:

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

—

Please check all that apply: \_\_\_\_\_ I attend meetings \_\_\_\_\_ I am a member \_\_\_\_\_ I am an officer/leader

\_\_\_\_\_ I am a volunteer \_\_\_\_\_ I attend special events \_\_\_\_\_ I am not active

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

Please check all that apply: \_\_\_\_\_ I attend meetings \_\_\_\_\_ I am a member \_\_\_\_\_ I am an officer/leader

\_\_\_\_\_ I am a volunteer \_\_\_\_\_ I attend special events \_\_\_\_\_ I am not active

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

Please check all that apply: \_\_\_\_\_ I attend meetings \_\_\_\_\_ I am a member \_\_\_\_\_ I am an officer/leader

\_\_\_\_\_ I am a volunteer \_\_\_\_\_ I attend special events \_\_\_\_\_ I am not active

In my free time I like to (check all that apply):

\_\_\_\_\_ Spend time alone \_\_\_\_\_ Read \_\_\_\_\_ Travel \_\_\_\_\_ Watch TV

\_\_\_\_\_ Listen to music \_\_\_\_\_ Go Shopping \_\_\_\_\_ Watch/Go to Movies \_\_\_\_\_  
\_\_\_\_\_ Write Stories \_\_\_\_\_ Go to Concerts \_\_\_\_\_ Visit with Friends  
\_\_\_\_\_ Paint/Draw \_\_\_\_\_ Go out on Dates \_\_\_\_\_ Spend Time w/Family  
\_\_\_\_\_ Dance \_\_\_\_\_ Make Crafts \_\_\_\_\_ Go out to Eat  
\_\_\_\_\_ Sing \_\_\_\_\_ Use a Computer  
\_\_\_\_\_ Engage in Physical Fitness Activities

Where: \_\_\_\_\_

\_\_\_\_\_ Play Sports Where: \_\_\_\_\_

\_\_\_\_\_ Go to Church Where: \_\_\_\_\_

\_\_\_\_\_ Other Explain: \_\_\_\_\_

\_\_\_\_\_ Other Explain: \_\_\_\_\_

### **G. Other Services/Support**

1. Do you currently receive respite care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? In your home \_\_\_\_\_ in someone else's home \_\_\_\_\_ Other \_\_\_\_\_

2. Do you need respite care? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you use any adaptive equipment/supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

4. Do you use any augmentative communication device? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Do you use a vehicle with special adaptive devices? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

6. Do you need adaptive equipment/supplies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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7. Do you need augmentative communication devices? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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8. Do you need special vehicle adaptive devices? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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You may use this section to tell us anything else you want us to know about yourself, what you need, what you want, what plans you have, what dreams you have: \_\_\_\_\_

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## **H. Child Development**

1. Who is taking request? \_\_\_\_\_

2. Source of request and phone: \_\_\_\_\_

3. Date of referral: \_\_\_\_\_

4. Gestation: \_\_\_\_\_ Weeks

5. Pediatrician: \_\_\_\_\_

6. Directions to Home: \_\_\_\_\_

7. Family Wants (Circle): DEC BAB DDS CSC WISH

8. Eligibility: Choose One:

\_\_\_\_\_ Atypical Development \_\_\_\_\_ High Risk DD

\_\_\_\_\_ Developmental Delay \_\_\_\_\_ Not Eligible

\_\_\_\_\_ Established Risk

## Social History

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

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

(First) (Middle) (Last) (Maiden)

A. Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_

B. Address: \_\_\_\_\_

(# & Street) (City, State Zip)

Siblings (List names and ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If adopted, name of adoptive family: \_\_\_\_\_

At what age was applicant adopted? \_\_\_\_\_

Is applicant aware of adoption? \_\_\_\_\_

With whom does applicant currently live? (Including relationship to applicant) \_\_\_\_\_





This permission is granted for the purpose of determining whether residency in the program for the developmentally disabled, operated by DROM, Inc. would be appropriate placement for the above named applicant.

I hereby give my written consent for DROM, Inc. to release any and all pertinent information regarding the above named applicant to members of the admissions committee of DROM, Inc. who will be reviewing applications for admission into said programs.

Permission is also granted for DROM, Inc. to release any and all pertinent information to representatives of the school system and/or other agencies and individuals who would be working with and/or providing services for the applicant following admission into a program operated by DROM, Inc.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Parent/Guardian/Representative \_\_\_\_\_

Title (If agency representative): \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**ADMISSIONS AND TERMINATIONS POLICIES AND PROCEDURES,  
INCLUDING GRIEVANCE, PROCEDURES FOR CONSUMERS**

**MISSION OF AGENCY**

DROM, Inc. provides quality residential services and training for persons with intellectual disability and shall consistently look for innovative resources and means for the expansion of services for this targeted disability group.

We shall also identify individuals having the potential to move on to a less restrictive environment, and provide the individuals with the necessary programming to mainstream into the community if and when possible.

**TREATMENT AT TIME OF ADMISSION**

Each consumer admitted to and receiving services from DROM Inc. has the right to receive age-appropriate treatment for MH/DD/SA illness or disability. Each consumer, on the first day of admission to community living, shall have an individual written treatment plan implemented.

**ADMISSIONS CRITERIA**

1. Applicants desiring admission into a program operated by Dominion Residence Of Maryland, Inc. community living will be considered without regard to the individual's race, color, creed, religion or national origin.

2. Applicants desiring admission into a program operated by Dominion Residence Of Maryland, Inc., community living must have a diagnosis of Intellectual Disabilities/developmental disabilities (ID/DD), and/or must meet the D.D. Level of Eligibility (LOE) requirements as determined by the State of Maryland Developmental Disabilities Administration.

3. The priority status of an applicant seeking admission into a program operated by Dominion Residence Of Maryland, Inc., community living will be determined by:

The Severity of the Disability and the Urgency of support needed.

In all cases, the Criteria for the Selection of residents will be used to determine whether our program can best serve the needs of the applicant. In cases of a challenge to the decision of the Admissions Committee, the Board of Directors of DROM, Inc. will review the case and make a recommendation to the Standing Committee, whose decision will be final.

PLEASE NOTE: Length of time on the waiting list (date of application) does NOT give priority status to applicants. When an opportunity for placement occurs in one of the programs, all applications for admission to that program will be considered using the priorities listed above as well as the selection criteria. Each case will be considered on its own merit, including the capability of the program to adequately and appropriately serve the needs of the resident.

## **APPLICATION PROCEDURES**

Individuals interested in applying for admission to community living or CSLA operated by DROM, Inc. must first be screened by the Residential Services Program Director or her designee and the Director of Nursing. Those applying for Supported Living Program must be screened by the Supported Living Program Director or her designee. The screening process will include an initial application packet, a recent psychological evaluation (and psychiatric assessment, if indicated), a face to face interview and a tour of a facility. Applications can be submitted by consumers, family members, social workers, resource coordinators, other agencies and any interested groups or individuals who have knowledge of a person with intellectual /developmental disabilities who needs the supportive environment and training provided by our staff in a group home setting or who could benefit from the training provided in the Supported Living Training Program or who could live independently with support services provided or coordinated by the Supported Living Program staff to Dominion Residence Of Maryland.

The individual who performed the assessment will present the information to the DROM Admission Committee. Based on the information provided, the committee may approve admission or addition to the waiting list or may request additional information. Applications can be submitted by family members, social workers, resource coordinators, other agencies and any interested groups or individuals who have knowledge of a person with Intellectual/developmental disabilities who needs the supportive environment and training provided by our staff in a transitional group home setting. All applicants must be willing to consider entering the program for which application has been made.

## **SCREENING, SELECTION AND ADMISSION PROCEDURES**

1. When a vacancy occurs in one of the group home programs, the Residential Services Program Director and Manager meet to review all available information on each applicant. Information which is necessary for this screening process includes:

- a. Completed Application for Admission
- b. Social History
- c. Medical History and Immunization Record
- d. Psychological/Psychiatric Evaluation
- e. Personal interview of applicant and family member(s)/guardian(s)

2. In order to be considered for placement, the applicant MUST meet the following criteria:

- a. Must have a diagnosis of Intellectual/developmental disability (I.Q. 69 or below) and/or meet the D.D. Level of Eligibility (LOE) requirements as determined by the State of Maryland Developmental Disabilities Administration
- b. Be age 18 or older
- c. Have no recent history (minimum of one year) of serious aggressive, self-inflicted or destructive behaviors
- d. Must need the level of supervision provided in the community living home, and have specific training needs that the program could meet
- e. Must be able to recognize his/her own name and respond appropriately when addressed
- f. Must be able to understand and respond appropriately to simple directions
- g. Must be able communicate basic needs and wants
- h. Must have an awareness of danger (e.g. wandering into street, hot burner on stove, etc.)
- i. Must be aware of the environment and presence of other people and display a willingness to learn and participate
- j. Must voluntarily request admission and must be eligible and willing to participate in a day program, volunteer service or employment
- k. Must be able to feed self independently using spoon and fork as a minimum. May need some assistance with cutting, pouring, and serving. Must be able to drink from a glass or cup
- l. Must be able to tend to personal hygiene with minimal assistance (e.g. bathing, brushing teeth, washing hair, shaving, etc.). Women must be able to attend to menstrual hygiene needs with minimal assistance.

- m. Gender of applicant will be considered in a co-ed community living home with regard to space available or with maintaining male/female ratio in the facility. Each case will be considered on its own merit with regards to the capability of the program to serve the needs of the resident.
- n. When the information which has been submitted with each application has been reviewed, a preliminary selection of the applicants who meet the eligibility criteria will be done. County of residence and urgency of need will be considered along with other factors such as the configuration of other individuals in the home. The applicant with the highest priority will be scheduled to meet with the members of the program staff at which time the applicant and/or parent/guardian/representative will have an opportunity to discuss or ask questions about the training program and life at the group home.
- o. If it is determined that DROM is an appropriate placement for the individual the following procedures will be followed:
  - 1. Trial placement procedures – opening of a new group home program: When the agency is opening a new group home program, every effort will be made for the selected applicants to visit the facility prior to opening date. When the facility is ready to open, a 30-day trial placement will begin at the time the applicant moves in.

### **3. Pre-admission and trial placement procedures – existing group home:**

- a. Following approval for admission, the selected applicant will be scheduled to spend part of one day at the group home during the hours when the other consumers are home from their daytime activities. The applicant will have the evening meal with the other consumers if possible.
- b. A 30-day trial placement will begin the day the individual is admitted to the facility. During the first two weeks of the trial placement, visits from family and/or visits to the family home by the resident will normally not be allowed in order to permit the resident time to adjust to her/his new home.
- c. At any time during trial visits or the 30 day trial placement, a determination may be made on the appropriateness of the community living home placement for the resident and/or the ability of the program to meet the resident's individual needs. If, at the end of the thirty (30) days, there is still some question as to the appropriateness of the placement, an extension of up to an additional thirty (30) days may be granted.
- d. If it is determined that the program appears to be an appropriate placement for the individual, residency in the community living home will be established.
- e. If it is determined that the program is not an appropriate placement for the resident, the individual will not be accepted as a resident of the group home. In this case the applicant with the next highest priority will be considered, and will be scheduled for the trial placement. However, if it appears that the resident could be served in a different group home in our system that has a more

appropriate level of supervision available, the individual would be eligible to receive consideration for such placement when a vacancy occurs.

## **TRIAL PLACEMENT PROCEDURES- OPENING OF NEW COMMUNITY LIVING HOME PROGRAM**

Gender of applicant will be considered in a co-ed group home with regard to space available or with maintaining male/female ratio in the facility. Each case will be considered on its own merit with regards to the capability of the program to serve the needs of the resident.

When the information which has been submitted with each application has been reviewed, a preliminary selection of the applicants who meet the eligibility criteria will be done. County of residence and urgency of need will be considered along with other factors such as the configuration of other individuals in the home. The applicant with the highest priority will be scheduled to meet with the members of the program staff at which time the applicant and/or parent/guardian/representative will have an opportunity to discuss or ask questions about the training program and life at the group home.

If it is determined that DROM is an appropriate placement for the individual the following procedures will be followed:

- a. Trial placement procedures – opening of a new group home program: When the agency is opening a new group home program, every effort will be made for the selected applicants to visit the facility prior to opening date. When the facility is ready to open, a 30-day trial placement will begin at the time the applicant moves in.

## **PRE-ADMISSION AND TRIAL PLACEMENT PROCEDURES EXISTING COMMUNITY LIVING HOME:**

- a. Following approval for admission, the selected applicant will be scheduled to spend part of one day at the group home during the hours when the other consumers are home from their daytime activities. The applicant will have the evening meal with the consumers if possible.
- b. A 30-day trial placement will begin the day the individual is admitted to the facility. During the first two weeks of the trial placement, visits from family and/or visits to the family home by the resident will normally not be allowed in order to permit the resident time to adjust to her/his new home.
- c. At any time during trial visits or the 30 day trial placement, a determination may be made on the appropriateness of the group home placement for the resident and/or the ability of the program to meet the resident's individual needs. If, at the end of the thirty (30) days, there is still some question as to the appropriateness of the placement, an extension of up to an additional thirty (30) days may be granted.

- d. If it is determined that the program appears to be an appropriate placement for the individual, residency in the group home will be established.
- e. If it is determined that the program is not an appropriate placement for the resident, the individual will not be accepted as a resident of the group home.

In this case the applicant with the next highest priority will be considered, and will be scheduled for the trial placement.

However, if it appears that the resident could be served in a different group home in our system that has a more appropriate level of supervision available, the individual would be eligible to receive consideration for such placement when a vacancy occurs.

## **DISCHARGE CRITERIA**

### **1. Clinical – Developmentally Based Plan of Discharge or Transfer:**

At the time of admission, the Program Manager and/or the Residential Program Services Director will assist the resident in developing an initial Service Plan based on the strengths, needs and preferences of the resident and in partnership with the resident, legally responsible person, or both. Forms required by the State of Maryland will be used to document the specifics of the Service Plan. During the first thirty days of residency, group home staff will continue to assess the resident's skills levels and revise the Service Plan as is appropriate. Individual goals which are a part of the Service Plan will be assessed monthly. The Service Plan as a whole will be assessed and re-written annually at the time of the individual's annual IDT meeting, which will include a review of progress. Every effort will be made to ensure that representatives from various areas of the resident's life are present at the IDT. When an individual has demonstrated readiness for transitional movement from her/his current group home program into a less restrictive residential environment, alternative living arrangements will be explored. The individual may be referred to DROM'S or other Supported Living Program. Group home staff will work with the resident and parent/guardian/representative of the resident to seek transitional residential placement, with return to the family home being considered as one of the options. The Supported Living Case Manager may also provide assistance and recommend options for transitional placement.

### **2. Administrative - Discharge with Cause**

a. If a resident exhibits serious behavior problems or becomes dangerous to her/him or others, becomes destructive to property and/or exhibits serious non-compliant behavior, immediate discharge could result.

b. If, while a resident of a group home, an individual should become pregnant and make an informed decision to keep the infant, alternative living arrangement procedures will be initiated. Until such time as alternative placement can be found, she may remain in the group home as long as her medical condition remains stable or until the birth of the infant.

### **3. Against Staff Advice – Discharge or Transfer**

If a resident leaves a group home program which is deemed an appropriate placement against the advice of clinical and/or administrative, the discharge will be considered to be Against Staff Advice.

## **DISCHARGE PROCEDURES**

1. An adult who has not been adjudicated incompetent may terminate her/his residency in a community living home by giving 30 days' notice (in writing if possible) to DROM, Inc. Failure to provide 30 days' notice may result in a loss of the security deposit. In addition, DROM reserves the right to retain any other funds received by the agency for the resident's care and training.

2. The legal guardian of an adult who has been adjudicated incompetent may terminate the residency of a ward by submitting written notice to DROM, Inc. a minimum of 30 days prior to the date of move-out. Failure to provide 30 days' notice may result in a loss of the security deposit. In addition, DROM reserves the right to retain any other funds received by the agency for the resident's care and training

3. If a resident exhibits serious behavior problems or becomes dangerous to her/him or others or becomes destructive to property, immediate discharge could result. In such a case, the parent/legal guardian/responsible person will promptly remove the resident from the program. DROM, Inc. will endeavor to provide assistance in seeking appropriate alternative services.

4. Behavior, which is disruptive to the program and/or the other resident in the program, may constitute grounds for discharge. Every effort will be made by group home staff to modify the disruptive behavior, but if this is not possible, the Executive Director will contact the resident's parent/guardian/responsible person to seek alternative placement. Unless the disruptive behavior is of a dangerous nature, DROM, Inc. will make every effort to provide the resident's parent/guardian/responsible person with two weeks' notice prior to termination from the program.

5. If, while a resident of a community living home, an individual should become pregnant and make an informed decision to keep the infant, immediate referral for alternative residential placement will be made to the State Department of Human Services Developmental Disability Services Case Management Department and the Department of Social Services in the county of legal residence. Until such time as alternative placement can be found, she may remain in the group home as long as her medical condition remains stable or until the birth of the infant.

6. At any time, upon failure by the resident and/or the parent/guardian of the resident to pay any fees for which they are responsible according to the terms of the written agreement with DROM, Inc., the resident is subject to discharge.

7. The resident may be subject to discharge based on other reasons deemed sufficient by the Executive Director of DROM, Inc., with careful consideration being given to the making of such a decision.

## **GRIEVANCE PROCEDURES FOR CURRENT RESIDENTS:**

A resident and/or the responsible person/legal guardian of a resident who has a concern or complaint regarding the Service have the right to use the following grievance procedures:

a. In the event of a complaint regarding any facet of the service being provided for the resident by DROM Inc., the resident and/or the responsible person/guardian is to first discuss the concern with the Team Lead in which the residents lives. (If the concern involves the Home Supervisor of the home the responsible person/guardian may proceed to Step b.)

b. If the complaint is not satisfactorily resolved at that level, the consumer and/or the responsible person/guardian/responsible person may meet with the Program Director to discuss the concern. If the complaint continues to be unresolved, the consumer and/or responsible person/guardian may discuss the issue with the Executive Director. Every effort toward resolution will be made to resolve the issue.

c. If the complaint is still not satisfactorily resolved, the consumer and/or the responsible person/guardian may within fourteen days following the above discussion, submit to the Executive Director of DROM, Inc. a written request to meet with the Board of Directors and Standing Committee of DROM, Inc. The Executive Director will forward this request and a meeting of this Committee will be scheduled to take place within two weeks. The person(s) making the complaint will be notified of the date, time and place of the meeting.

d. The person(s) requesting the meeting may bring a representative of her/his choice to present the concern or complaint to the committee. However, it is not necessary to bring a representative if you choose not to do so.

e. Following the presentation, time will be allowed for questions and discussion. Within two weeks following the date of the meeting, the Chairperson of the Human Rights Committee will notify the person(s) of the decision of this Committee. The decision of the Human Rights Committee of the Board of Directors of Group Homes of Forsyth, Inc. will be final.

#### **GRIEVANCE PROCEDURES FOR APPLICANTS DENIED ADMISSION OR INVOLUNTARILY DISCHARGED DROM, Inc.**

An applicant and/or the responsible person/legal guardian of an applicant who has been denied admission to a group home has the right to appeal. A consumer and/or the responsible person/legal guardian of a consumer who has been advised of the involuntary discharge of the consumer have the right to appeal. In either case, the appeal procedures outlined below are to be used:

a. In the event of denial of admission into, or involuntary termination from a program, a written Request for Appeal must be submitted to the Executive Director of DROM, Inc. within fourteen days following the action, which is being appealed.

b. The Executive Director will request a meeting of the Standing Committee, Inc. and the meeting will be scheduled to take place within two weeks of receipt of the request. The person(s) making the appeal will be notified of the date, time and place of the meeting.

c. Person(s) requesting the appeal may bring a representative of her/his choice to present the appeal to the committee. However, it is not necessary to bring a representative if you choose not to do so.



d. Following the appeal presentation, time will be allowed for questions and discussion. Within two weeks following the date of the appeal, the Chairperson of the Human Rights Committee will notify the person(s) who have appealed of the decision of the Human Rights Committee.

e. The decision of the Human Rights Committee of the Board of Directors of DROM, Inc. will be final.

## **SUSPENDING AND EXPELLING A RESIDENT**

Residents cannot be suspended from a community living home.

Following are the conditions under which a consumer may be expelled from services:

1. If a resident exhibits serious behavior problems or becomes dangerous to her/him or others or becomes destructive to property, immediate discharge could result. In such a case, the parent/legal guardian/responsible person will promptly remove the consumer from the program.

2. Behavior, which is disruptive to the program and/or the other residents in the program, may constitute grounds for discharge. Every effort will be made by the community living staff to modify the disruptive behavior, but if this is not possible, the Executive Director will contact the consumer's parent/guardian/responsible person to seek alternative placement. Unless the disruptive behavior is of a dangerous nature, DROM, Inc. will make every effort to provide the consumer's parent/guardian/responsible person with two weeks' notice prior to termination from the program.

3. If, while a resident of the community living home, an individual should become pregnant and make an informed decision to keep the infant, immediate referral for alternative residential placement will be made to the State Department of Human Services Developmental Disability Services Case Management Department and the Department of Social Services in the county of legal residence. Until such time as alternative placement can be found, she may remain in the community living home as long as her medical condition remains stable or until the birth of the infant.

4. At any time, upon failure by the consumer and/or the parent/guardian of the resident to pay any fees for which they are responsible according to the terms of the written agreement with DROM, Inc., the resident is subject to discharge.

5. The consumer may be subject to discharge based on other reasons deemed sufficient by the Executive Director of DROM, Inc., with careful consideration being given to the making of such a decision.

In any case the Single Portal Coordinator of the State Department of Human Services will be notified of the impending discharge and the Inter-Agency Council will be notified at the next regularly scheduled meeting. The Single Portal Coordinator in conjunction with other appropriate developmental disability services will assist the individual and/or legally responsible person with locating alternative placement, if such is desired.

The Director of Program Services of DROM, Inc. will prepare a Termination Summary to be presented at the next scheduled DROM Admissions Committee meeting. The summary will include specific reasons for the discharge.

A consumer and/or the responsible person/legal guardian of a consumer who has been advised of the involuntary discharge of the consumer have the right to appeal. The appeal procedures are as follows:

a. In the event of involuntary termination from a program, a written Request for Appeal must be submitted to the Executive Director of DROM, Inc. within fourteen days following the notice of termination of services.

b. The Executive Director will request a meeting of the Standing Committee. The meeting will take place within two weeks of receipt of the request. The person(s) making the appeal will be notified of the date, time and place of the meeting.

c. Person(s) requesting the appeal may, if so desired, bring a representative of her/his choice to present the appeal to the committee.

d. Following the appeal presentation, time will be allowed for questions and discussion. Within two weeks following the date of the appeal, the Chairperson of the Human Rights Committee will notify the person(s) who have appealed of the decision of the Human Rights Committee.

e. The decision of the Human Rights Committee of the Board of Directors o, Inc. will be final.

## **INFORMATION PROVIDED AT TIME OF ADMISSION**

At the time of admission the consumer and/or legally responsible person shall be provided with the following:

A copy of the "House Rules" for the community living home in which the consumer will be residing

A copy of the "Agreement between DROM, Inc. and the Resident"

If applicable, a copy of the "Agreement between DROM, Inc. and the Legal Guardian"

A copy of the "Doctrine of Informed Consent"

A copy of the "Admissions and Terminations Policies and Procedures" which includes detailed grievance procedures and the circumstances under which involuntary termination of services may occur

A copy of the policy regarding search and seizure

A copy of the lease agreement between the consumer and ARC/HDS

An explanation of how payment for services is to occur

An explanation of the procedures for reviewing the Service Plan and progress toward goals, including a schedule of Service Plan review meetings

A copy of the "Domiciliary Home Bill of Rights"

Each of the documents provided will be signed and dated at the time of admission by the consumer and/or the legally responsible person and a witness. A checklist of the documents provided and issues explained

will be completed, signed and dated by the consumer and/or legally responsible person and a witness, and a copy provided to the consumer and/or legally responsible person.

In addition the initial Service Plan will be completed and, if requested, a copy provided to the consumer and/or legally responsible person. Future Service Plans will also be available to the consumer and/or legally responsible person upon request.

The originals of each document will be maintained in the resident's Permanent Record.

Each document and explanation of services will be explained in a manner in which the consumer or legally responsible person can comprehend. They will also be provided with opportunities to ask questions and request clarification as needed.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian/Representative \_\_\_\_\_

Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_