



Merica House

Independent Living for the Physically Disabled

Sponsored by the Alliance for the Physically Disabled

Alliance for the Physically Disabled
3705 S. George Mason Drive, #105S
Falls Church, Virginia 22041



A door to a brighter future

APPLICATION FOR ADMISSION

Name: _____ Date of Birth: _____

Address: _____ Sex: _____

Home Phone: _____ Cell: _____

Email Address: _____

Parent/Legal Guardian/Advocate: (Circle)

Name: _____

Address: _____

Phone: _____ Cell: _____

Education: (Last Grade Completed) _____

Religious Preference: _____

Diagnosis _____

Allergies: Food _____ Drugs _____ Other _____

ABILITIES/NEEDS:

Walk independently Yes _____ No _____
 Wheelchair: Power _____ Manual _____ Assistance _____
 Turns Self in Bed Yes _____ No _____
 Transfers: Independent _____ Assisted _____ Total Care _____
 Self-care at toilet Yes _____ No _____
 Personal Hygiene: Independent _____ Assisted _____ Total Care _____
 Dresses Self Yes _____ No _____
 Feeds Self Yes _____ No _____
 Verbal Yes _____ No _____
 Special Appliances Yes _____ No _____

SERVICE HOURS:

Are you presently receiving personal care services? Yes _____ No _____
 If "yes", please complete the following:

I currently receive _____ hours/day of personal care. The personal care houses are scheduled as follows:

A.M. _____, P.M. _____. These hours are provided by _____

_____. The hours are funded by
 Medicaid _____, Other _____.

I understand that Merica House is a congregate living arrangement and any personal care hours for which I am eligible will be shared by all residents.

INCOME SOURCES:

SS _____ SSI _____ Medicaid _____
 Medicare Part A _____ Part B _____
 VA _____

I understand that I must qualify for low-income housing under the Virginia Housing Partnership Fund in order to live at Merica House. My total annual income must be below \$31,700. A rental lease form will be provided.

OTHER DOCUMENTS:

Living Will	Yes _____	No _____
Advanced Directives	Yes _____	No _____
Durable POA	Yes _____	No _____
POA Health Care	Yes _____	No _____

I understand that my application will be reviewed by the Board of Directors of the Alliance for the Physically Disabled, Inc. I will also have the opportunity to meet with representatives from the Board and the residents to answer any questions which either of us might have.

Signature

Date

INFORMATION SHEET

RENT:

Unit Rent: \$800

Shared Room (2 persons) \$275/mo. (HAP) \$425 Section 8

Small Private Room/Rooms

- **\$179.00 (HAP) \$521.00**
- **\$156.00 “ \$544.00**
- **\$152.00 “ \$552.00**

Shared Room Initial rent to owner \$350.00 (HAP) \$206.00

Without Section 8 \$350.00

Security Deposit \$100.00

FOOD:

Each tenant must contribute \$150.00/month plus his/her food stamps to cover cost of food. This also covers personal shopper and menu planner for Merica House. Tenants are encouraged to participate in the selection of favorite foods and planning weekly menu.

TELEPHONE:

The Merica House general phone is available for short calls. A private line will be the responsibility of each resident.

TELEVISION:

Cox cable is provided for Merica House. The total bill is divided equally among the tenants and amounts to approximately \$25.00/month. Any other arrangements are the responsibility of each individual.

HEALTH CARE PROVIDER:

Maxim Healthcare Services

OTHER QUESTIONS OR CONCERNS:

Merica House is the first community based housing project of The Alliance for the Physically Disabled, Inc. Any date to day problems should be addressed to the Resident Services Coordinator on premises 5 days/week. Any problems that cannot be resolved by him will be brought to the attention of the Board of Directors of the Alliance. Any tenant is free to contact a Board Member at any time.

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