Resident Application Process
Thank you for your interest in Best Buddies Living. The decision to enroll in an independent residence is a significant one. The Best Buddies Living process reflects this. Residency decisions are made based on the “goodness of fit” between the applicant and the housing program. To establish this, we have adapted the following process:

1. Please complete the confidential application and submit it to Best Buddies Living with a non-refundable application fee of $50. Once an application reached the trial visit stage of the application, we ask that $250 be paid to cover the staffing and other associated costs of the 2-3 day visit to the Best Buddies Living residence.

2. Please submit the following documents in addition to the initial application:
   - Recent (within 2 years) psycho-education battery that includes a cognitive evaluation, academic assessment, and projective testing.
   - Current physical from family physician with a copy of current immunization records
   - Reports from the most recent program attended
   - Three personal and academic/employment references – Using the attached form, these should not be completed by family members, but should include teachers, guidance counselors, staff from previous programs, etc. Please include a stamped envelope addressed to Best Buddies Living when asking individuals to complete them on behalf of the applicant. This will assist the person filling out the Recommendation Form in returning the form to Best Buddies Living.
   - Support Plan or IEP from previous program/school.
   - Photo/head shot attached to your application

3. Interview and Evaluation: Once the above information is received and reviewed, a decision will be made if the applicant will be invited for the next stage of the process which will include an on-site interview and 2-3 day visit. This will allow the applicant to participate in a typical day at BBL, and staff will have the opportunity to determine the applicant’s response to the program and its offerings. The candidate will have a chance to demonstrate his/her life skills, for example, cooking, laundry, shopping, personal hygiene, and money management. The $250 fee will be due prior to the trial visit.

Requirements
- Resident must be 18 or over at the time of move-in.
- Resident must maintain full-time student status, full-time or part-time employment, or consistent volunteer work for at least 3 days of the week.
- If resident does not currently work, they must be interested in working either full-time or part-time.
- Resident must be open-minded and respectful to all individuals regardless of race, creed, ethnicity, national origin, religion, gender, sexual orientation, gender expression, physical characteristics, ability/disability, or veteran status.
- All residents will be required to participate in 3 group meals a week, attend one group activity a week and support a fellow resident when needed. Examples can include: assisting with laundry, cooking or in an emergency situation.
- The current residence in Washington, D.C. has room for ten residents total which is open to males and females. Residents within each apartment will identify as the same gender.

4. After the applicant visit, the application residency committee determines if a person is accepted.

Best Buddies Living operates its housing in compliance with federal and state housing law.

Please email the completed application and related documents to juliamoluf@bestbuddies.org.

Please mail the application fee of $50.

Application fee can be in the form of a check written out to “Best Buddies International” or you may venmo
Best Buddies International, @bestbuddies
Best Buddies Living

Best Buddies Living
Attn: Julia Moluf
320 Florida Ave. NE #717
Washington, D.C., 20002
Resident with IDD Application

Date of Application: ____________________________
BB Living Location: ____________________________

Applicant Information:
Name: ____________________________________________
(First) (Middle) (Last) (Nickname)
Street Address: _______________________________________
City: ____________________________ State: ____________________________ Zip Code: ____________
Telephone: (Home) ____________________________ (Cell) ____________________________
Gender: ____________ Date of Birth: ____________________________
Social Security Number: ____________________________

Family Information:
Name of Father: _______________________________________
(First) (Middle) (Last)
Street Address if different from applicant: _______________________________________
City: ____________________________ State: ____________________________ Zip Code: ____________
Phone: (Home) ____________________________ (Cell) ____________________________ (Work) ____________________________
Email: ____________________________________________ Fax: ____________________________
Occupation: ____________________________________________

Name of Mother: _______________________________________
(First) (Middle) (Last)
Street Address if different from applicant: _______________________________________
City: ____________________________ State: ____________________________ Zip Code: ____________
Phone: (Home) ____________________________ (Cell) ____________________________ (Work) ____________________________
Email: ____________________________________________ Fax: ____________________________
Occupation: ____________________________________________

Parents Relationship (check all that apply):
_____ Married _____ Divorced _____ Separated _____ Mother Remarried _____ Mother Deceased
_____ Father Remarried _____ Father Deceased
Name of Stepmother: ____________________________ Stepfather: ____________________________

With whom does the applicant primarily reside? ____________________________

Other children in the family:
Name: ____________________________________________ Gender: _____ Age: _____
**Best Buddies Living**

Name: ____________________________ Gender: ___ Age: ___
Name: ____________________________ Gender: ___ Age: ___
Name: ____________________________ Gender: ___ Age: ___

Please indicate any family situation of which we should be aware:

________________________________________________________________________

**Guardianship Status**

Indicate guardianship (competency) status below and attach supporting documentation when available. If the participant is not their own guardian, ensure that all contact information is filled in below and that the guardian reviews and cosigns all documents.

Participant’s guardianship/competency status:

- [ ] Participant is his/her own guardian (presumed competent)
- [ ] Participant is not his/her own guardian

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Best Buddies Living

Emergency Contact:
Please list who we contact in the event of an emergency.
Name: ________________________________ Relationship: ________________________________
Address: _______________________________________________________________________
Phone: ______________________________ Email: _______________________________________

Referral Information:
Who referred you to Best Buddies Living or how did you learn about the program?
Name: ________________________________ Relationship: ________________________________
Phone: ______________________________ Email: _______________________________________

Applicant Education/Prior Program Information:
Name of current school/program: _________________________________________________________
Projected school/program completion date (if applicable): _______________________________
School/Program contact: __________________________________________________________
School/Program address: _______________________________________________________________________
City/Town: __________________________ State: ______ Zip Code: __________________________
Telephone: __________________________________________
Does your child receive support services (speech/language, OT, PT)? Yes _____ No ____
If yes, please list and describe:
______________________________________________________________________________
______________________________________________________________________________

Former Schools or Programs Attended:
Name: ________________________________ Dates attended: __________________________
Name: ________________________________ Dates attended: __________________________
Has the applicant ever been dismissed or suspended from any program? Yes _____ No ____
If yes, please describe the circumstances and date:
______________________________________________________________________________
______________________________________________________________________________

Medical Information:
Is the applicant now, or has the applicant been under the care of a psychologist, psychiatrist or other
professional counselor? If yes, please provide the name and address of the attending professional and reason
for consultation.
Name: ________________________________ Position: ________________________________
Address: _______________________________________________________________________
Telephone: ______________________________ Fax: ________________________________
Reason for consultation: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What diagnoses have been given regarding the applicant’s disability?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
What is the applicant’s medication history (current and past)?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Does the applicant have any history of behavioral or emotional difficulties in school/program or residential settings?
Yes _____ No _____
If yes, please describe: __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Personal History:
Have you ever been asked to move out or evicted? Yes _____ No _____
Have you ever been sued for damage to a rental unit? Yes _____ No _____
Have you ever broken a rental agreement or lease? Yes _____ No _____
Have you ever been sued for nonpayment of rent? Yes _____ No _____
Have you ever been convicted of a felony? Yes _____ No _____
Have you ever been arrested? Yes _____ No _____
If you answered “yes” to any of the Personal History questions, please explain:
____________________________________________________________________________
____________________________________________________________________________
Financial Information:
Individual(s) responsible for financial support of applicant: ________________________________
Relationship: ________________________________ Phone: ________________________________
Address: _____________________________________________________________
City/Town: __________________________ State: _____ Zip Code: ______________
Other responsible parties (if applicable): _____________________________________________
Relationship: ________________________________ Phone: ________________________________
Address: _____________________________________________________________
City/Town: __________________________ State: _____ Zip Code: ______________
Has anyone, apart from the applicant, helped in the completion of this application? Yes _____ No _____
Best Buddies Living

If yes, please list names and relationship to applicant: ____________________________________________

By signing below, I agree to the following Best Buddies Living guidelines:

- Arriving home by midnight and not being in the community after dark without a friend or Best Buddies team member.
- I agree that I can be subject to random drug testing.
- I agree to daily use of the BBL application for everyone’s safety.
- Part of your application with BBL will include a criminal background check. I hereby give BBL permission to run a criminal background check.

Signed_________________________________________ Date __________________________

I hereby certify under penalty of perjury that the above statements are true and correct. I give my permission for any necessary verification including BB contacting any medical provider I have listed on this application. If Best Buddies finds that the applicant has been truthful, they will not be considered for housing.

Signature of Applicant: ___________________________________________ Date: __________

Signature of Financially Responsible Party: _________________________________ Date: __________
Best Buddies Living

Applicant Statement:
On a separate sheet, please answer the following questions. You may hand write or type the answers.
1. Why do you want to live at BBL?
2. What are some of your interests?
3. Do you currently have a job? If so, please explain.
4. What job experience have you had? What would you like to do for work in the future?
5. Are you interested in joining Best Buddies Jobs?
6. What is your greatest strength?
7. Why would you be a great addition to the BBL community?
8. How do you like to spend your free time?
9. Would you be interested in having a roommate?

Parental/Guardian Statement:
On a separate sheet, please answer the following questions. You may handwrite or type the answers.
1. Describe the applicant’s educational development. What are his/her current needs in this area?
2. Describe the applicant’s social and emotional development. What are his/her current needs in this area?
3. Please describe the applicant’s areas of strength, and how he/she will be an asset to the BBL community.
4. What are your hopes and goals for the applicant’s future? Describe any areas of concern.
5. Please describe the applicant’s ability to manage life skills (self-care, chores, laundry, money management, etc.)
Best Buddies Living

Applicant Recommendation Form (Please submit 3 recommendations):

Name of Applicant: ____________________________________________________________

Person Completing Form: ______________________________________________________

Relationship: __________________________________________________________________

Years Known Applicant: __________________ Date: ________________________________

Please rate the applicant in the following areas using the following scale (1 = Low, 5 = High):

Initiative 1 2 3 4 5 Motivation 1 2 3 4 5 Reliability 1 2 3 4 5 Self-Advocacy 1 2 3 4 5

General Attitude 1 2 3 4 5 Self-Sufficiency 1 2 3 4 5 Ability to relate to peers 1 2 3 4 5

Ability to make decisions 1 2 3 4 5 Ability to react in an emergency 1 2 3 4 5

Ability to follow health, safety rules 1 2 3 4 5 Ability to use people as resources 1 2 3 4 5

Emotional stability 1 2 3 4 5 Ability to cope with stress 1 2 3 4 5

Ability to adjust to new situations 1 2 3 4 5

Ability to separate own problems from those of others 1 2 3 4 5

Strengths of the applicant:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

General comments and concerns:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________