



Best Buddies Living

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 juliamo.luf@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



Best Buddies Living

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



Best Buddies Living

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: _____



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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

| | |
|----------|------------------------------|
| Name: | Relationship to Participant: |
| E-mail: | Address: |
| City: | State/Zip code: |
| Phone 1: | Phone 2: |

| | |
|----------|------------------------------|
| Name: | Relationship to Participant: |
| E-mail: | Address: |
| City: | State/Zip code: |
| Phone 1: | Phone 2: |

| SIGNATURES | RELATIONSHIP | DATE |
|------------|----------------------------|------|
| | Participant | |
| | Guardian (When Applicable) | |
| | Best Buddies Living Staff | |



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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: _____ Position: _____

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: _____



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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 _____



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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: _____



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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.)



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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 relate to teachers/staff 1 2 3 4 5 **Ability to attend to daily schedule** 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:

