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.

2. Please submit the following documents in addition to the initial application:
   - Most 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
     - Including proof of complete vaccination against COVID-19
   - 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 in-person interview.

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 encouraged to participate in one group meals a week, four events throughout the month and support a fellow resident when needed. Examples can include: assisting with laundry, cooking or in an emergency situation.
   - The current residence in Coral Gables, FL and has room for four 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 britneywrightington@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
Attn: Britney Wrightington
225 South Dixie Highway
Coral Gables, FL 33133
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:_____
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 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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<td>Guardian (When Applicable)</td>
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<tr>
<td>Best Buddies Living Staff</td>
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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: _______________________________________
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 ____
If yes, please list names and relationship to applicant: ___________________________________________

By signing below, I agree to the following Best Buddies Living guidelines:
  • I agree that I can be subject to random drug testing.
  • *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: __________
**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.)
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:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________