



Supportive Living, Inc. Dear Warren House, McLaughlin House or Douglas House Applicant:

Supportive Living, Inc.

17 Warren Avenue

Woburn, Massachusetts 01801

(P) 781-937-3199

(F) 781-937-5503

www.supportivelivinginc.org

Enclosed, per your request, are application forms for housing and services through Supportive Living, Inc.'s residences in Woburn, MA, North Reading, MA, or Lexington, MA. Please note that the application consists of two major elements. One is an application for housing, the other is an application for services. Please follow the instructions carefully completing all parts of the applications. **All information provided in your application forms for housing and services will be held strictly confidential.**

As part of the application process, we require medical records to determine whether we can meet your needs. Please sign and return the enclosed releases with your application.

In order for your name to be included on SLI's waiting list for all supportive living housing, we must receive your completed application.

Please do not hesitate to call me at 781-937-3199, or Program Director Janet Lingerma at 781-937-3544 if you have any questions.

Sincerely,
Supportive Living, Inc.

Carrol E. Stephens
President

Peter J. Noonan
Executive Director

SUPPORTIVE LIVING, INC.

17 Warren Avenue

Woburn, MA 01801

APPLICATION FOR HOUSING AND SERVICES

at

**Warren House
Woburn, MA**

**McLaughlin House
North Reading, MA**

**Douglas House
Lexington, MA**

INTRODUCTION

Warren House, McLaughlin House and Douglas House are designed to meet the needs of people with brain injuries who would benefit from the supportive services available.

Warren House is equipped to house 15 individuals and consists of 11 apartments, 5 with 2 bedrooms, 5 1-bedroom units and one unit used for an office. There is a kitchen and living room in each apartment. Each person living at Warren House has his/her own bedroom and bathroom. Common areas include a large common living room, laundry room, and an outside patio.

McLaughlin House is home to 8 individuals who each have a bedroom and bathroom. There is a large common living room, parlor, dining room, kitchen, laundry room and an outside patio.

Douglas House will accommodate 15 individuals each with their own private bedroom, bathroom, and an option for a mini kitchen. Common areas include a parlor, dining room, kitchen, laundry room, TV room, sitting area, and an outside patio and deck.

As Management Agent for Warren House, McLaughlin House and Douglas House, Supportive Living, Inc., has entered into an agreement with Advocates, Inc. of Framingham, MA to provide supportive services.

Accordingly, each individual with a brain injury who desires to become a resident at Warren House, McLaughlin House or Douglas House must complete two application forms and two authorization forms to release medical record information, as follows:

1. Application for Housing
2. Application for Services
3. Authorization to release Medical Record information

The instructions, on the back side of this page, are for both applications and authorization

INSTRUCTIONS

1. Please type or print all sections in black ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information. Then print the correct information above to note the change.
2. It is important that all information on both of these forms be complete and correct. False, incomplete or misleading information will cause your application to be rejected.
3. Please send your application to:

Supportive Living, Inc.
400 West Cummings Park #6100
Woburn, MA 01801
4. As long as your application is on file with us, it is your responsibility to contact and inform us regarding any changes in your address, telephone number, income situation or other changes in your housing status that might affect your application.
5. After we review your application, we will make a preliminary determination of eligibility. If you appear to be eligible for housing and services, your application will be placed on a Waiting List. Having your name on the Waiting List does not guarantee that you will be offered housing. If later evaluation establishes that you are not qualified for Housing and Services, your application will be rejected and you will be so notified. We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan posted in the Management Office.

WARNING

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material facts involving the use of or obtaining Federal funds.



WARREN HOUSE
Woburn, Massachusetts

MCLAUGHLIN HOUSE
North Reading, Massachusetts

DOUGLAS HOUSE
Lexington, MA

APPLICATION FOR SERVICES

I. IDENTIFYING INFORMATION

Participant Name: _____ Tel #: () _____

Present Address _____ City: _____ State: ____ Zip: _____

Diagnosis: _____

Functional Limitations: _____

Date of brain injury: _____ Other diagnosis: _____

Living Arrangements: Alone () With Others () Other: _____

If living with others, please describe living situation and care needed: _____

Marital Status: (Circle one) S M W D Sep. Sex: M F Birthdate: ____ / ____ / ____

Total Monthly Income: _____ Medicaid Card #: _____

Social Security #: _____ Medicare #: _____

Other Insurance Specify with policy #'s: _____

Subscriber: _____

II. CONTACT INFORMATION

A. Emergency Contact: _____ Tel #: (____) _____

Address: _____ Relationship: _____

B. Emergency Contact: _____ Tel #: (____) _____

Address: _____ Relationship: _____

C. Case Manager: _____ Agency: _____

Address: _____ Tel #: (____) _____

D. Guardian: _____ Tel #: (____) _____

Address: _____

Referred by: _____ Title: _____ Tel #: (____) _____

Address: _____

E. Mass Rehabilitation Counselor: _____ Tel #: (____) _____

Address: _____

Comments: _____

III. MEDICAL INFORMATION

Primary Care Physician: _____ Tel #: (____) _____

Address: _____

Date of Last Physical: _____

Present Hospital Affiliation: _____

