

**Vanguard Landing, Inc.**  
**Admissions Packet**





**VANGUARD LANDING**  
**APPLICATION FOR ADMISSIONS**

2133 Upton Drive  
Suite 125 Box 272  
Virginia Beach, VA 23454  
[www.VanguardLanding.org](http://www.VanguardLanding.org)

**Vanguard Landing is an exciting new option as a planned community within a community for adults with mild to moderate intellectual disabilities.**

**We are excited that you are interested in Vanguard Landing for your family member or yourself!**

**Our Admissions Process:**

- **Complete these packets (one admission and one financial) and compile ALL required documents from our *Admissions Document Checklist*.**
- **Mail the Completed packets with Checklist on top with photographs and checks to us at the address above.**
- **Checks: These fees are non-refundable**
  - 1) **One made out to Vanguard Landing for the program you are applying for:  
\$500.00 for the Day Program  
\$1000.00 for the Residential Program**
  - 2) **One made out to Vanguard Landing for \$350.00 for the financial team to review.**
- **If the candidate's application is initially approved we will contact you to discuss enrollment and the intake procedures. If there are any questions or additional information needed, we will also contact you.**



## VANGUARD LANDING

- **Our fee structure information is as follows:**

### **Day Program only:**

**Registration fee (one time) \$500.00 Evaluation/Intake (one time) \$1000.00**

**Monthly Tuition \$995.00**

### **Residential Program:**

**Registration fee (one time) \$1000.00 Evaluation/Intake (one time) \$2000.00**

**Monthly Tuition:**

- **\$3600.00 for one of the bedrooms in the five-bedroom cottages – shares bathroom with one other resident**
- **\$3780 for one of the bedrooms in the five bedroom cottages with private fully accessible bathroom.**
- **\$3900 for a two bedroom townhome**
- **\$4000 for a one bedroom townhome**

(Monthly Tuition includes **everything except** health insurance, medical costs, prescriptions, special toiletries, clothing, spending money, long distance trips, travel)

- **In the event that the candidate is not initially accepted we will meet and discuss reasons, possible solutions if needed.**

If you have any questions about this Application Process, please do not hesitate to contact our:

***Admissions Director, Laure Haddock at [laure.haddock@VanguardLanding.org](mailto:laure.haddock@VanguardLanding.org)***

If you have other questions please contact our

***Executive Director, Debra B. Dear at [ddear@VanguardLanding.org](mailto:ddear@VanguardLanding.org)***



## VANGUARD LANDING Admission Documents Checklist

- Completed Admissions Application with one check made out to Vanguard Landing in the amount of \$500.00 for the Day Program or \$1000.00 for the Residential Program and a second check made out to Vanguard Landing in the amount of \$350.00 for the financial review.
- Most recent psychological evaluation (ex. Wechsler Intelligence Scale, Vineland Testing, etc.)
- Current medical physical (to include results of TB skin test or chest x-ray)
- Results of lab/blood work (to include Chemistry Profile, CBD, and HIV exam)
- Current list of medications
- Immunization Records
- Recent photograph of potential candidate
- Recent family photograph
- Copy of Social Security card
- Copy of photo ID or driver's license \*
- Copy of SSI or SSDI eligibility information/award letters
- Copy of Medicaid or Medicare card \*
- Copy of medical insurance card \*
- Copy of birth certificate \*
- Legal Documentation of Guardianship (if applicable)
- HIPPA Medical Release of Records from Primary Care Physician(s) and all Specialists (included in packet)
- Media/Photo Release (included in packet)
- Educational Release of Records from public/private education (included in packet)
- Criminal Background Check (included in packet)

**\*\* The testing information is necessary in order for Vanguard Landing to properly prevent any transfer that could occur if the candidate is accepted for admission. This confidential information will not directly affect the candidate's admission status.**

**\*Please note that if the candidate is accepted for admissions, Vanguard Landing would prefer to have the original documents for a resident file.**



**VANGUARD LANDING**  
**APPLICATION FOR ADMISSIONS**

Please attach the following:

- Recent individual and family photo
- \$500.00/\$1000.00 processing fee (non-refundable)
- \$350.00 financial team review (non-refundable)
- Application will not be reviewed unless photo(s) and fee are attached.

**Check One:**

- Residential/Vocational Program
- Vocational Program Only (Day Program)

Date of Desired Placement (if known) \_\_\_\_\_

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Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

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Mother's Name \_\_\_\_\_ Home Email Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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Occupation/Name of Company \_\_\_\_\_ Business Email Address \_\_\_\_\_ Business Telephone # \_\_\_\_\_

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Father's Name \_\_\_\_\_ Home Email Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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Occupation/Name of Company \_\_\_\_\_ Business Email Address \_\_\_\_\_ Business Telephone # \_\_\_\_\_



## VANGUARD LANDING

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Legal Guardian (if applicable or other Than Parent) Relationship

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Home Address City State Zip

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Occupation/Name of Company Email Address (Home and/or Business)

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Home Telephone # Business Telephone # Cell Phone #

Names and ages of applicant's siblings:

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Please indicate the person or agency that referred you to Vanguard Landing:

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Have you attended a tour of Vanguard Landing?  YES  NO

If yes, please check on of the following:

Regular Tour  Virtual Tour  Personal Tour



## VANGUARD LANDING

Please list family references in the following categories:

1) **PERSONAL** (Friend, Neighbor, Etc.)

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Name	Home Telephone #	Cell Phone #	
Address	City	State	Zip

2) **PROFESSIONAL** (Co-Worker, Supervisor, Etc.)

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Name	Home Telephone #	Cell Phone #	
Address	City	State	Zip

3) **FINANCIAL** (Banker, Financial Planner, Etc.)

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Name	Home Telephone #	Cell Phone #	
Address	City	State	Zip

The parent/guardian will receive a monthly bill for tuition. The monthly tuition can come from SSI, family financial contributions, Medicaid (if the individual has a waiver) or any other funding that the family has set up. Monthly tuition can be paid by electronic transfer of funds or by check.

**Do you understand your financial commitment to Vanguard Landing as described in the Admission's Procedure?**

Please Check one of the following:       YES       NO



**VANGUARD LANDING**  
**SCHOOLS/PROGRAMS/VOCATIONAL HISTORY**

CHECK ALL SITUATIONS IN WHICH THE APPLICANT HAS PARTICIPATED

- |   |   |
|---|---|
| <input type="checkbox"/> Day School                   | <input type="checkbox"/> Competitive Employment |
| <input type="checkbox"/> Sheltered Workshop           | <input type="checkbox"/> State School           |
| <input type="checkbox"/> Group/Family Care Home       | <input type="checkbox"/> Private School         |
| <input type="checkbox"/> Independent Living Situation | <input type="checkbox"/> Other, (Explain)       |

PLEASE COMPLETE THE FOLLOWING INFORMATION ON EACH PROGRAM:

(Please use the back of this page if more space is needed.)

**1)** \_\_\_\_\_

Name	Dates		
_____			
Address	City	State	Zip
_____			
Type of Situation (Refer to list at the top of the page)			
_____			
Reason for Leaving			
_____			
Person to Contact for More Information	Telephone #		

**2)** \_\_\_\_\_

Name	Dates		
_____			
Address	City	State	Zip
_____			
Type of Situation (Refer to list at the top of the page)			
_____			
Reason for Leaving			
_____			
Person to Contact for More Information	Telephone #		





## VANGUARD LANDING

3) \_\_\_\_\_

Name			Dates	
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Address		City	State	Zip
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Type of Situation (Refer to list at the top of the page)

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Reason for Leaving

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Person to Contact for More Information		Telephone #	
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4) \_\_\_\_\_

Name			Dates	
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Address		City	State	Zip
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Type of Situation (Refer to list at the top of the page)

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Reason for Leaving

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Person to Contact for More Information		Telephone #	
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## VANGUARD LANDING

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) Please describe the applicant's general health, including special medical problems and/or physical disabilities.

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- 2) Please describe the applicant's communication abilities:

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- 3) Please describe the applicant's social/emotional state most of the time (for example: withdrawn, hyper-verbal, frustrated, sociable, even-tempered, etc.)

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- 4) Does he/she prefer to be with peers, family, someone older or alone? Please explain:

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- 5) Please describe the applicant's self-help skills (What does someone need to do daily to help the applicant?)

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## VANGUARD LANDING

6) Please describe the applicant's daily routines and leisure (free time) activities.

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7) What do you see the applicant's functional abilities to be? (self-help skills, daily living skills)

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8) What do you think the applicant feels about his/her disability?

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9) What are the applicant's specific aptitudes, interests, and/or strengths?

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10) Has the applicant ever been involved with any of the following?

Tobacco Use                       YES                       NO

Drug Abuse                         YES                         NO

Criminal Activity\*                 YES                         NO

Sexual Misconduct                 YES                         NO

***If you answered YES to any questions please explain:*** \_\_\_\_\_

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\*Criminal background check is required for all previous residential city/states.



## VANGUARD LANDING

11) Please describe activity areas and/or situations that the applicant strongly dislikes:

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12) Please describe your goals and expectations for the applicant and what you hope Vanguard Landing can accomplish:

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Please list three (3) individual's (different from those listed on the previous pages) who have worked or known the applicant closely.

1) \_\_\_\_\_  
Name Home Telephone # Cell Phone #

\_\_\_\_\_  
Address City State Zip

2) \_\_\_\_\_  
Name Home Telephone # Cell Phone #

\_\_\_\_\_  
Address City State Zip

3) \_\_\_\_\_  
Name Home Telephone # Cell Phone #

\_\_\_\_\_  
Address City State Zip



**VANGUARD LANDING**  
**Disclosure of Educational Records**

**MEDICAL HISTORY**

This part of the form must be completely filled out by parents or guardians. Information must be typed or printed. If the answer is “No” or “None”, please indicate by writing “No”.

Applicant’s Name \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

**IMMUNIZATION RECORD**

	Date	
Measles		Must have had or been vaccinated with live vaccine since 1968.
Mumps		Must have had or been vaccinated with live vaccine after 12 months of age
Rubella		Must have had or been vaccinated after 12 months of age.
Tetanus & Diphtheria		Series of three doses – second dose 4-8 weeks after 1 <sup>st</sup> dose; third dose 6-12 months after second dose
Tetanus Booster		Should be given every 10 years. Please give date of last booster.
Polio- Indicate OPV or IPV		Series of Trivalent Oral Polio (OPV) vaccine at 2, 4, and 18 months of age; or if taken 4 doses of Inactive Polio Vaccine, continue IPV every 5 years until 18 years old. (List last 3 vaccinations)
Tuberculosis		Negative chest x-ray or Tine Test in past year
Hepatitis B		3 injections – 2 <sup>nd</sup> dose 1 month after 1 <sup>st</sup> dose; 3 <sup>rd</sup> dose 6 months after 1 <sup>st</sup> dose.



## VANGUARD LANDING

### MEDICAL HISTORY *(Continued)*

Name of applicant's primary physician:

\_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has the applicant had a dental examination in the past three years?

YES  NO

Name and address of dentist: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list other specialists who have treated or are treating the applicant:

Name	Address/City/State/Zip	Telephone Number

Is the applicant on any regular medications?  YES  NO

If yes, please list below: (If more space is needed, use a separate sheet of paper and attach.)

Name of Medication	Dosage/Frequency	How does the Applicant take the medication	Reason for Rx	Prescribed By	When Prescribed



## VANGUARD LANDING

### MEDICAL HISTORY *(Continued)*

#### ALLERGIES/RESTRICTIONS

Is the applicant allergic to any medications? If yes, please list:

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Is the applicant allergic to foods, pollens, insect bites, skin contacts, substances, etc? If yes, please describe reaction and what treatment is usually necessary:

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Does the applicant have any dietary restrictions? If so, please list:

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If on any medications/injection for allergies, please give name of medication/injection, dosage and frequency:

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Prescribed by: \_\_\_\_\_

#### FAMILY HISTORY

Since some conditions can be hereditary, or run in families, please provide the following information: If any member of the applicant's family has had any of the following conditions or problems, please indicate and identify their relationship to the applicant.

Hypertension \_\_\_\_\_

Stroke \_\_\_\_\_

Heart Attack \_\_\_\_\_

Kidney Disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Gout \_\_\_\_\_

Cancer \_\_\_\_\_

Arthritis \_\_\_\_\_

Migraines \_\_\_\_\_

Glaucoma \_\_\_\_\_

Epilepsy \_\_\_\_\_

Other \_\_\_\_\_



## VANGUARD LANDING

### Health History

If the applicant is prone to (or has had) problems with any of the following, please indicate YES or NO. If YES, explain in the space provided. Also list preferred treatment, if applicable. If extra space is needed, use a separate piece of paper and attach.

Conditions	Yes	No	Explanation
Anemia			
Arthritis			
Balance Problems			
Cancer			
Chest Infections			
Chicken Pox			
Cold/Sinus Problems			
Depression			
Diabetes			
Diarrhea or Constipation			
Digestive Problems			
Ear Infections			
Emotional Problems			
Epilepsy			
Eyes			
Fainting Spells			
Glasses (attach Rx)			
Glaucoma			
Head Injury			
Headaches			
Hearing			
Heart Problems			
Hepatitis			
High Blood Pressure			
Menstrual Problems			





## VANGUARD LANDING

### Health History (Continued)

Conditions	Yes	No	Explanation
Mumps			
Muscle Problems			
Neurological Problems			
Pneumonia			
Polio			
Pregnancy			
Psychiatric Problems			
Sleep Disorders			
Speech Disorders			
Stomach Trouble			
Stroke			
Swallowing Difficulty			
Thyroid Problems			
Tuberculosis			
Use of Prosthetics (canes, walkers, lifts, etc)			
Venereal Disease			
Scars, Lumps, bumps			
UTI's			
History of Fractures			
Motor Problems (walking)			
Spinal Deformity			
Chronic Back Problems			
History of Bruising			
Heat or Cold Intolerance			



**VANGUARD LANDING**

**Health History** *(Continued)*

**HISTORY OF ILLNESS/HOSPITALIZATION/SURGERY**

Please list all childhood diseases (mumps, measles, chickenpox, etc.) \_\_\_\_\_

\_\_\_\_\_

**Has applicant had more than a brief illness in the past three years?** YES NO

If YES, when? \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

Name & address of attending physician: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip

**Has the applicant ever been hospitalized?** YES NO

If YES, when? \_\_\_\_\_

Please list the hospital and address: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip

Reason: \_\_\_\_\_

**Has the applicant ever had surgery?** YES NO

If YES, when? \_\_\_\_\_

Please list the hospital and address: \_\_\_\_\_

\_\_\_\_\_

Address City State Zip

Description: \_\_\_\_\_



**VANGUARD LANDING**

**Health History** *(Continued)*

**IMPORTANT**

If there is any further information you feel should be provided which is a factor that could influence the care, health, and well-being of this individual at Vanguard Landing, please explain:

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**The information in the medical history is correct to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (if applicable)

\_\_\_\_\_  
Signature of Parent/Guardian/Family Member



**VANGUARD LANDING**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize anyone who has any information about:

\_\_\_\_\_

(Applicant)

to release said information they hold on him/her to Vanguard Landing, Inc.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Copies of this release may be used to obtain information from anyone listed on

\_\_\_\_\_ application for acceptance into Vanguard

Landing, Inc.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



## VANGUARD LANDING

### Candidate's Religious Affiliations (optional)

Church/denominational preference: \_\_\_\_\_

Frequency of attendance: \_\_\_\_\_

Other religious interests/activities: \_\_\_\_\_

### Candidate's Leisure and Recreation Interests

Hobbies: \_\_\_\_\_

Favorite sports and athletics: \_\_\_\_\_

\_\_\_\_\_

Level of participation in the sports listed above: \_\_\_\_\_

\_\_\_\_\_

Assistance/Guidance needed for any recreational activities: \_\_\_\_\_

\_\_\_\_\_

Past Special Olympics activity: \_\_\_\_\_

\_\_\_\_\_

### Personal and Social Development

Reading, speaking, listening strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reading, speaking, listening limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## VANGUARD LANDING

Does the candidate socialize well with others? \_\_\_\_\_

\_\_\_\_\_

How does he/she handle disagreements? \_\_\_\_\_

\_\_\_\_\_

Does the candidate have a history of aggression or threatening physical or verbal behaviors?

YES       NO

If YES, please explain the frequency of this behavior, the possible causes/environmental triggers, and the consequences of such activity:

\_\_\_\_\_

\_\_\_\_\_

Does the candidate feel remorse for his/her aggressive or threatening behavior? \_\_\_\_\_

\_\_\_\_\_

### Activities of Daily Living

Please describe the candidate's abilities to perform the following activities. Be sure to include the level of assistance required (if applicable).

Mobility/ambulation: \_\_\_\_\_

\_\_\_\_\_

Communicating needs: \_\_\_\_\_

\_\_\_\_\_

Personal grooming and dressing: \_\_\_\_\_

\_\_\_\_\_

Orientation/Disorientation: \_\_\_\_\_

\_\_\_\_\_



## VANGUARD LANDING

Bowel and Bladder management: \_\_\_\_\_

\_\_\_\_\_

Bathing/Showering: \_\_\_\_\_

\_\_\_\_\_

Eating: \_\_\_\_\_

\_\_\_\_\_

Social Etiquette (table manners/politeness): \_\_\_\_\_

\_\_\_\_\_

Awareness of time/day (clocks/calendars): \_\_\_\_\_

\_\_\_\_\_

Use of public transportation: \_\_\_\_\_

\_\_\_\_\_

Cooking: \_\_\_\_\_

\_\_\_\_\_

Laundry and house cleaning: \_\_\_\_\_

\_\_\_\_\_

Managing personal finances: \_\_\_\_\_

\_\_\_\_\_



## VANGUARD LANDING

### Alcohol Use

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Does the candidate consume alcoholic beverages?  YES  NO

If YES, please describe the frequency of consumption: \_\_\_\_\_

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Does the candidate have a history of drug dependency or abuse?  YES  NO

If YES, please explain: \_\_\_\_\_

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### Sexual History

Does the candidate have a history of sexual activity?  YES  NO

If YES, please explain: \_\_\_\_\_

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Does the candidate understand the cause and effect relationship between sexual intercourse and pregnancy?  YES  NO

### Criminal History

Briefly list and describe all candidate's arrests, convictions, probations, probation violations, or pending criminal charges, if any:

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## VANGUARD LANDING

### *Applicant Skills Inventory*

*Please check the level of assistance needed for each area.*

<b>Skill Area</b>	<b>Independent</b>	<b>Verbal Help Needed</b>	<b>Demonstration Required</b>	<b>Physical Help Needed</b>	<b>Cannot Do Task</b>
<b>DRESSING SKILLS</b>					
Selects own clothing					
Selects clothing appropriate clothing for weather/occasion					
Buttons					
Zips					
Ties Shoes					
Snaps					
Dresses for Bed					
<b>UNDRESSING SKILLS</b>					
Unbuttons					
Unzips					
Unties Shoes					
Unsnaps					
Puts dirty clothes in hamper					
<b>CLOTHING CARE</b>					
Washes/Dries clothes					
Hangs clothes properly					
Folds and puts clothes away					
<b>HYGIENE SKILLS</b>					
Washes face/hands					
Bathes/showers acceptably					
Prepares own water					
Washes/dries self					
Brushes teeth					
Shampoos hair					
Blows dry hair					



## VANGUARD LANDING

### Skills Inventory (continued)

<b>Skill Area</b>	<b>Independent</b>	<b>Verbal Help Needed</b>	<b>Demonstration Required</b>	<b>Physical Help Needed</b>	<b>Cannot Do Task</b>
<b>HYGIENE SKILLS</b>					
Shaves self with electric razor					
Shaves self with safety razor					
Cleans eyeglasses					
Uses deoderant					
Cares for self during menstrual period					
<b>EATING SKILLS</b>					
Drinks from a glass/cup					
Uses a fork					
Uses a spoon					
Uses a knife					
Uses appropriate table manners					
Assists in setting table					
<b>SOCIAL ADJUSTMENT</b>					
Is cooperative with peers					
Obeys rules					
Takes medication					
Follows Directions					
Can travel area surrounding his/her residence alone					
Checks in with responsible party before leaving present location					
Interacts well with others in one-on-one situations					



## VANGUARD LANDING

### HIPAA Privacy Authorization Form

**\*\*Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. parts 160 and 164)\*\*

**\*\*1. Authorization\*\***

I authorize \_\_\_\_\_ (health care provider) to use and disclose the protected health information described below to Vanguard Landing, Inc.

**\*\*2. Effective Period\*\***

This authorization for release of information covers the period of healthcare from

a.  \_\_\_\_\_ to \_\_\_\_\_

**\*\*OR\*\***

b.  **all past, present, and future periods**

**\*\*3. Extent of Authorization\*\***

a.  I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDs, and treatment of alcohol or drug abuse).

**\*\*OR\*\***

b.  I authorize the release of my complete health record with the exception of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify) \_\_\_\_\_



## VANGUARD LANDING

### HIPAA (continued)

5. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

6. This authorization shall be in force and effect until \_\_\_\_\_ (date or event), at which time this authorization expires.

7. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has the legal right to contest a claim.

8. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

9. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal laws.

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Signature of patient or personal representative

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Printed name of patient or personal representative and his/her relationship to the patient



**VANGUARD LANDING**

**Guardianship Statement**

Complete either Section I or II below:

**Section I**

Attached is a copy of a court-executed guardianship order declaring

\_\_\_\_\_ to be the lawful guardian(s) of

\_\_\_\_\_.

\_\_\_\_\_  
Guardian/Sponsor's Printed Name

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Guardian/Sponsor's Signature & Date

\_\_\_\_\_  
Applicant's Signature & Date

**Section II**

I know of no court-executed guardianship order for \_\_\_\_\_.

\_\_\_\_\_  
Guardian/Sponsor's Printed Name

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Guardian/Sponsor's Signature & Date

\_\_\_\_\_  
Applicant's Signature & Date



## VANGUARD LANDING

I hereby authorize

**School District/Agency/Hospital** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

To release information in the record of:

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

To:

**Vanguard Landing 2133 Upton Drive Suite 125 Box 272 Virginia Beach, VA 23454**

***Purpose(s) of the disclosure:***

Special report(s)/document(s) to be included:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational      | <input type="checkbox"/> Developmental    | <input type="checkbox"/> Occupational Therapy    |
| <input type="checkbox"/> Medical          | <input type="checkbox"/> Speech/Language  | <input type="checkbox"/> Observation(s)          |
| <input type="checkbox"/> Sociocultural    | <input type="checkbox"/> Ophthalmological | <input type="checkbox"/> Eligibility Minutes     |
| <input type="checkbox"/> Psychological    | <input type="checkbox"/> Audiological     | <input type="checkbox"/> Current/Most Recent IEP |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other(s) _____   |  |

I understand that I have the right to review any of the records released to Vanguard Landing or to have the copies of the records made at my expense.

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Signature	Relationship to applicant	Date
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**VANGUARD LANDING**

**Release of Information**

I/We authorize Vanguard Landing, Inc. to obtain information regarding the candidate's condition to be used for professional reasons of review for admissions or assistance in treatment after the candidate becomes a resident at Vanguard Landing, Inc. This authorization shall expire thirty (30) days after discharging from Vanguard Landing, Inc.

\_\_\_\_\_  
Guardian/Sponsor's Printed Name

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Guardian/Sponsor's Signature & Date

\_\_\_\_\_  
Applicant's Signature & Date



## VANGUARD LANDING

***Please note that the application must be completed in full before it can be processed.***

Please read and sign:

I affirm that the preceding information is a complete and true state of all the facts and circumstances to the applicant's application for enrollment in Vanguard Landing's community.

We, the undersigned, do give our permission for Vanguard Landing to contact any and all of the references, programs, schools, and professionals listed on this application.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (if appropriate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person filling out the application if other  
the parent/guardian, and relationship to applicant

\_\_\_\_\_  
Date

Vanguard Landing is an equal opportunity community and does not discriminate against any race, religion or national/ethnic origin.





# VANGUARD LANDING

## Media and Communications

### **Parental/Guardian Release for Interviewing, Photographing, Videorecording/Audio-recording, and Web Postings of Residents and Day Program Participants**

I am the parent/guardian of \_\_\_\_\_, I recognize that, as part of the community life and daily living, there may be times when Vanguard Landing, Inc., or someone properly authorized by the Vanguard Landing, Inc. such as media representatives, may want to interview, photograph, and/or videotape a resident and/or day program participant. Consequently, I grant permission to Vanguard Landing, Inc., and to anyone properly authorized by the administration of Vanguard Landing, Inc., to interview, photograph, audio-record and/or videotape \_\_\_\_\_ during any regular activities or special events on or off community grounds.

This grant of permission means that, in addition to other appropriate uses (which include, but are not limited to, inclusion in or on Vanguard Landing, Inc. publications, promotional materials, advertisements, presentations, and programs) information obtained from the resident and/or day program participant and the likeness and name may be used in conjunction with or by any medium, including print, electronic, radio, and television. This form also grants permission for posting student images on Vanguard Landing, Inc. Web site.

The purposes for which this Release may be used and the procedures relating to its use are governed by all pertinent Vanguard Landing, Inc. policies, procedures, rules, and regulations.

By signing this Release, I waive any cause of action I may have, or that the student may have, against the Vanguard Landing, Inc. pertaining to the reproduction, publication, and/or use of information obtained from the resident and/or day program participant and/or their name or likeness.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Date



**VANGUARD LANDING**

Confidential

**Background Check Acknowledgement Form**

Print Participant's Name: \_\_\_\_\_

Former Name(s) & Dates Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Lived at Since: \_\_\_\_\_

Resident's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Vanguard Landing, Inc. to conduct a comprehensive review of my child's background causing a consumer report and/or an investigative consumer report to be generated for Admissions application purposes.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date