



## The Dwelling Place Initial Application

**Date Submitted:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

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

**Male OR Female**                      **Marital Status:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_

**Secondary Diagnosis:** \_\_\_\_\_

**Primary Support Needs:** \_\_\_\_\_

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**Reason seeking placement in a residential facility:** \_\_\_\_\_

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**Contact Information for Person completing this form:** \_\_\_\_\_

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**Case Management Team Contact Information:**

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**Funding Source Contact Information:**

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**Representative Payee- Yes OR No- - Contact Information:**

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**Legal Guardian- Yes OR No- Person-Estate OR Both - Contact Information:**

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**Current Home/Living Situation Contact Information:**

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**Power of Attorney for Health Care- Activated: Yes OR No - - Contact Information:**

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**Power of Attorney for Financial- Activated: Yes OR No - - Contact Information:**

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**Protective Placement required: Yes OR No Smoke:\_\_\_\_\_ Alcohol:\_\_\_\_\_**

**Current Concerns or challenging situations with this individual:**

(consider medical, elopement, behavioral, law enforcement, sexual inappropriateness etc.)

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**Day Programming Support Needs:**

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Please return the completed application to Steve Burnette at Catholic Charities either by email [sburnette@cclse.org](mailto:sburnette@cclse.org) or by mail at

Catholic Charities  
Attn: Steve Burnette  
3710 East Ave. So.  
La Crosse, WI 54601

A written notification will be given upon receipt of the completed application.

**Please note completing and submitting this application does not imply applicant will be admitted to the home, rather it allows for the applicant to be considered for admission into the home.**