



Lansing Intentional Communities

Request for Residency

GENERAL INFORMATION

Today's date ____ / ____ / ____

Applicant's Name _____

Date of birth _____ Current Age _____

Cell ____ - ____ - ____ Work ____ - ____ - ____ Home ____ - ____ - ____

Email address _____

Current address _____

Parent/Guardian contact: Name _____

Address _____

Phone ____ - ____ - ____ Email address _____

REFERENCES: Please list three non-family references.

Reference: Name _____ Phone ____ - ____ - ____

Relationship to applicant _____

Reference: Name _____ Phone ____ - ____ - ____

Relationship to applicant _____

Reference: Name _____ Phone ____ - ____ - ____

Relationship to applicant _____

Why do you want to live and participate in a LINCS community? *(Complete in your own words or have someone write your thoughts for you using your own words.)*

INDEPENDENT LIVING

Where do you live currently? Apartment/Condo House Other _____

How long have you lived at this address? _____ Mos. Yrs.

Who do you live with? By myself With a roommate(s) Parent/Family/Guardian

Do you receive Community Mental Health Developmental Disability Services? Y N

Do you receive Community Mental Health Mental Illness Services? Y N

Do you receive personal assistance from Department of Human Services? Y N

What level of support do you feel you need to live independently? (0=none, 10= maximum support)

1 2 3 4 5 6 7 8 9 10

Who are your "natural supports" who help you live independently? _____

How do you spend your time?

List your activities and the average number of hours you spend on that activity each week.

Work: _____

School: _____

Spare time (interests/hobbies): _____

How do you get around? (Check all that apply) Parent/Support Person Drive myself

CATA Spectran Other _____

Behavioral History

Do you feel you would be a trustworthy community member? Rarely Sometimes Usually Always

Do you show respect to others/their belongings? Rarely Sometimes Usually Always

Do you have any behaviors that would make it difficult to participate in a LINCS community? Rarely Sometimes Usually Always

Explain _____

Have you had any violent behaviors that would put other community members at risk? Rarely Sometimes Usually Always

How often? Daily Weekly Monthly Yearly Last event: ____/____/____

Nature of behavior _____

Have you ever been arrested? Y N

Do you have problems with sexual behaviors? Y N Explain: _____

Do you have any other challenges or limitations that impact your ability to live independently and be a good roommate/neighbor? _____

Interest in a LINCS Supported Independent Living Community

How interested are you (not your family, but YOU) in being a member of a LINCS community?

___ Not interested ___ Somewhat Interested ___ Very interested ___ Extremely interested

Do you prefer to live ___ Alone ___ With a roommate/housemate?

All LINCS residents and their families are expected to participate in the LINCS community and to actively engage with the surrounding neighborhood and community.

Are you interested in participating in activities in your neighborhood and surrounding community?

___ Not interested ___ Somewhat Interested ___ Very interested ___ Extremely interested

Is your family interested in participating in a supportive community for residents?

___ Not interested ___ Somewhat Interested ___ Very interested ___ Extremely interested

All LINCS residents and their families are expected to help support the LINCS community.

Are you and/or your family able to afford monthly rent? Y N

Are you and your family willing to help support the community builder each month (\$150/mo.)? Y N

Are you and your family willing to contribute volunteer time to improve/maintain housing for LINCS members? Y N

When would you be ready to live in a LINCS community? ___ Now ___ Mos. ___ Yrs.

Do you have a diagnosis that qualifies you to live in the LINCS community? Y N

Developmental Disability _____

Physical Disability _____

Have you been diagnosed with mental health issues? Y N _____

Would you like to share any other information that would help LINCS get to know you better?

Applicant's Signature _____

Parent/Guardian _____

Return by E-mail to: info@linc2linc.org
Return by mail to: Lansing Intentional Communities
2611 Okemos Rd., Mason, MI 48854

LINCS does not discriminate on the basis of gender, age, race, color, national origin, ancestry, creed, marital status, religion, veteran status, political affiliation, or county of residence, or any protected status under law.

*Application decisions are made by the LINCS Housing Committee.
Any reason for denial will be summarized in a rejection notice to the applicant.*