



**Shady Acres Independent Living for Mentally Challenged Adults, Inc.**

**"SHADY ACRES"**

8660 S.W. 27th Avenue

Ocala, Florida 34476

Phone (352) 873-1117

Fax (352) 873-6819

Renter's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Soc Sec# \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Can Applicant cook? \_\_\_\_\_ Clean House \_\_\_\_\_ Wash Clothes \_\_\_\_\_

Type of Mental Challenges \_\_\_\_\_

List of Medications \_\_\_\_\_

Any behavior problems \_\_\_\_\_ Any Medical Problems \_\_\_\_\_

Source of Income? \_\_\_\_\_ Amount \_\_\_\_\_ Social Security \_\_\_\_\_ Amount \_\_\_\_\_

SSI \_\_\_\_\_ Amount \_\_\_\_\_ Other \_\_\_\_\_ Amount \_\_\_\_\_

Family Physicians Name: \_\_\_\_\_

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

H.R.S. \_\_\_\_\_ If Yes, Social Workers Name \_\_\_\_\_

Tangible Assets \_\_\_\_\_

Is Applicant under HRS? \_\_\_\_\_ Developmental Services? \_\_\_\_\_ HUD? \_\_\_\_\_

Has applicant lived independently in past? \_\_\_\_\_ Education \_\_\_\_\_

Type of work or activities he/she likes \_\_\_\_\_

Hobbies \_\_\_\_\_ Sports \_\_\_\_\_

Other Organizations and clubs \_\_\_\_\_

Physical Exam? \_\_\_\_\_ Include letter from physician stating applicant capable of living independently with minimal directions

Signature of applicant  
\_\_\_\_\_

Signature of parent or guardian  
\_\_\_\_\_