



Life Adjustment Program (LAP)

Application for Residency

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Welcome to Hilltop's Life Adjustment Program!

Thank you for your interest in our program. Below is an overview of our admissions process, eligibility criteria, and required documentation.

Admissions Process

To be considered for admission, applicants must meet the following criteria:

- **Age:** 21 years or older
- **Health:** Free of contagious diseases, medically stable (not requiring 24-hour supervision)
- **Condition:** Diagnosed with a brain injury
- **Insurance:** Have or be eligible and willing to apply for Long-Term Care Medicaid (specifically on the Brain Injury Waiver) for all care and medical costs
- **Income:** Have or be eligible and willing to apply for Social Security Income to cover room and board
- **Mobility:** Able to navigate a large, open campus with minimal physical health concerns
- **Participation:** Capable of engaging in the program, personal care, and medical management
- **Behavior:** Able to conduct oneself appropriately on campus, with no current substance abuse, criminal activity, or behaviors that put yourself or others at risk
- **Community Navigation:** Able to navigate the local community with minimal support
- **Daily Living:** Capable of performing Activities of Daily Living (ADLs) without maximum support

Do you feel you meet the criteria as listed above? Yes or No, if not, please explain.

Have you ever been convicted of a crime? Yes or No, if so, please explain.



Please acknowledge with your signature that you (or your guardian) understand that your benefits (if any) such as Medicaid / SNAP / LEAP / etc, may change or end if you choose to move to Hilltop's Life Adjustment

Program: **Signature:** _____ **Date:** _____

Please contact your State / Federal Benefit worker for more information as this is not Hilltop's decision.

Hilltop's Life Adjustment Program (LAP) works closely with Omnicare Pharmacy, a long-term care pharmacy which delivers medications directly to campus twice a day on weekdays and once a day on weekends. We have great rapport with them and coordinate to ensure medications are refilled, delivered, and that the costs are known to you. You can choose to use another pharmacy if you wish to but will be responsible for getting the medications refilled and delivered to the medication room at LAP. Please circle if you'd like to use: **Omnicare Pharmacy** or list your pharmacy of choice _____.

Please read, sign & acknowledge:

I consent to Hilltop's Life Adjustment Program staff managing my medication including managing, storing and administering my medications to me. I understand that I have to follow these guidelines to continue living at the Life Adjustment Program unless my physician gives consent for me to manage my own medications.

X _____ **Date:** _____



Assessment Process

The assessment process includes the following steps:

1. **Intake Screening:** Conducted over the phone or in-person.
2. **Application Submission:** Complete and submit the Application for Residency for evaluation.
3. **Interview and Tour:** Interview with the Admissions & Discharge Coordinator and complete a campus tour.
4. **Program Leadership Assessment:** Interview with program leadership, followed by participation in a campus activity and socializing.

Admission Documentation

Please submit the following documents with your application:

- **Medical Information: Complete** and current medical history and physical from a physician
 - Mental health evaluations (if applicable)
 - Complete list of medications
 - Vaccination records
- **Financial Information:**
 - Verification of income (e.g., Social Security, Social Security Disability explanation of benefits, and any other sources of income)
- **Additional Documents:**
 - Copy of insurance cards (Medicaid, Medicare, or other insurance)
 - Copy of Social Security card (original needed if no ID is available)
 - Copy of birth certificate (certified original needed if no ID is available)
 - **Copy of any current Guardianship / Power of Attorney paperwork**
 - **Copy of any Advanced Directives**

*Note: If the applicant does not have a photo ID, the program will assist in obtaining one. **Please provide your birth certificate and social security card to complete this process.***

We look forward to guiding you through this process and helping you explore the opportunities within our Life Adjustment Program.



Resident Rights

Policy: The Assisted Living Communities (ALCs) are committed to ensuring that all residents are granted the rights outlined in 6 CCR 1011-1 Chapters 2 and 7. This policy does not override, exclude, or diminish the legal and constitutional rights afforded to all adult citizens. ALC programs will display a copy of these rights in a prominent location for residents' awareness.

6 CCR 1011-1 Chapter 2

The following rights are guaranteed to each resident, and when applicable, to their designated representative:

- **Participation in Care Decisions:** Residents have the right to participate in all decisions regarding their care and treatment.
- **Informed Consent:** Residents must be informed about the facility's involvement in teaching programs and provide informed consent before being included in any clinical trials.
- **Right to Refuse Treatment:** Residents may refuse any drug, test, procedure, or treatment after being informed of the associated risks and benefits.
- **Respectful Care:** Care must respect residents' dignity, cultural values, and religious beliefs while ensuring privacy whenever possible.
- **Knowledge of Providers:** Residents have the right to know the names, qualifications, and roles of the staff providing their care.
- **Financial Transparency:** Residents may request:
 - An estimated cost for non-emergency care.
 - Information about billing procedures.
 - Itemized bills detailing charges by date, provided within 10 business days or 30 days post-discharge.
- **Abuse Prevention:** Residents must be free from abuse and neglect, with policies in place to prevent, detect, investigate, and respond to incidents.
- **Freedom from Restraints:** Restraints may not be used unless outlined in a care plan and in accordance with the Resident Rights Restriction Policy. If used, policies must address staff training, ongoing assessments, and proper documentation.
- **Care Fit and Safety:** Residents will only be accepted when the facility can meet their identified care needs, ensuring a safe environment and confidentiality of medical records.
- **Advance Directives:** Residents have the right to formulate advance directives, with the facility adhering to these directives per state statutes.
- **Complaint Process:** Residents may register complaints with the facility and the Colorado Department of Public Health & Environment and must be informed of the procedure, including contact details.

6 CCR 1011-1 Chapter 7

Residents also retain rights to:

- **Privacy and Confidentiality:**
 - Have private and unrestricted communications with any person of choice;
 - Private telephone calls or use of electronic communication;
 - Receive mail unopened;
 - Have visitors at any time;
 - Private, consensual sexual activity.
- **Civil and Religious Liberties:**
 - Be treated with dignity and respect;



- Free from sexual, verbal, physical, or emotional abuse, humiliation, intimidation, or punishment
- Free from neglect;
- Live free from financial exploitation, restraint as defined in this chapter, and involuntary confinement except as allowed by the secure environment requirements of this chapter;
- Vote;
- Exercise choice in attending and participating in religious activities;
- Wear clothing of choice unless otherwise indicated in the care plan;
- Care and services that are not conditioned or limited because of a resident's disability, sexual orientation, ethnicity, and/or personal preferences.
- **Personal and community engagement:**
 - Socialize with other residents and participate in assisted living residence activities, in accordance with the applicable care plan;
 - Full use of the assisted living residence common areas in compliance with written house rules;
 - Participate in resident meetings, voice grievances, and recommend changes in policies and services without fear of reprisal;
 - Participate in activities outside the assisted living residence and request assistance with transportation; and
 - Use the telephone including access to operator assistance for placing collect telephone calls.
- **Personal involvement regarding care and services:**
 - Be informed and participate in decision-making regarding care and services, in coordination with family members;
 - Be informed about and formulate advance directives;
 - Freedom of choice in selecting a health care service or provider;
 - Expect the cooperation of the assisted living community in achieving the maximum degree of benefit from those services which are made available by the assisted living community;
 - Make decisions and choices in the management of personal affairs, funds, and property in accordance with resident ability;
 - Refuse to perform tasks requested by the assisted living residence or staff in exchange for room, board, other goods or services;
 - Have advocates, including members of community organizations whose purposes include rendering assistance to the residents;
 - The right to receive services by the resident agreement and the care plan; and
 - 30 calendar days' written notice of changes in services provided by the assisted living community.
 - Designate the individuals to be notified in cases of emergency or involuntary discharge.

Please acknowledge you have received a copy of the Resident Rights.

Resident Signature/Date

Guardian Signature/Date



The following is a list of LAP's House Rules:

- **Smoking Terms:** All apartments and buildings are designated smoke-free, including electronic cigarettes, vaporizers, and marijuana. The same smoking guidelines apply to guests. Designated outside smoking areas are available.
 - Smoking in areas where oxygen is prohibited.
 - It is up to the residents to be financially responsible for tobacco, electronic cigarettes, and vaporizers.
- **Consumption of Alcohol and Drugs:** The LAP does not support the misuse of drugs or alcohol.
 - Marijuana is not permitted on campus.
 - If staff observes a resident in possession of marijuana or paraphernalia, they will report it to a supervisor and document the incident.
 - THC products, and drugs within sight of Hilltop properties are not permitted.
 - Dealing or distributing any substance is not permitted (including legal and illegal substances included but not limited to the following: illegal drugs, legal drugs, alcohol, over-the-counter medications, prescription medications, etc.).
 - LAP cannot monitor off-campus activities but may modify resident rights if their behavior becomes disruptive or unsafe.
 - While alcohol use is permitted, if it becomes disruptive or poses a safety concern, LAP may modify your rights in accordance with federal regulations. This may include restricting the use or possession of alcohol on campus.
- **Firearms and Weapons:** No person, including residents, family members, or guests, may possess or carry firearms or other weapons on the premises.
- **Protection of Valuables:** Protection of valuables on the premises is the resident's responsibility.
 - Residents should keep cash or valuable items to a minimum and securely locked when away from their apartment. LAP is not liable for any personal property loss, damage, upkeep, or replacement.
- **Extraneous Materials:** It is the responsibility of the resident (with support from the individual's Case Manager as outlined in the individual's care plan) to keep the resident's room and shared space clear of extraneous materials. Extraneous materials may pose a safety concern as it relates to evacuation, or needing additional medical support.
- **Visitors & Guests:** Visitors and guests are welcome at the LAP.
 - All visitors are encouraged to check in and out at the front office during office hours or with lead staff when the office is closed.
 - In the event of a medical emergency involving a visitor or guest, staff will initiate emergency services, while respecting the individual's right to refuse care.
 - Any overnight stay by a visitor must be pre-approved by Case Management, Department Manager, the Director, or the Assistant Director.
- **Vacation/Leave of Absence:** When anticipating/planning a leave from the program, LAP would appreciate as much notice as possible. This notice allows program staff to prepare You for leave, as well as, to notify other professionals of the absence for them to schedule accordingly.



- If your time away from the program begins to create instability in program participations or begins to place a financial hardship on the program, Program Management will arrange a time to meet to discuss the situation and plan for future absences.
- We do not refund room and board charges for absences, hospitalization, or other absences.
- **Treatment of Others:** All residents and guests must treat each other with respect and kindness.
 - Bullying, name-calling, threatening, ridiculing, intimidating, or isolating behavior is prohibited.
- **Roommate Situations:** Residents living with roommates must respect each other's space and belongings.
- **Use of Individual Settings Common Areas:** Residents have full access to their apartment's common areas, including the bedroom, kitchenette, dining area, bathroom, and living area.
- **Use of Public Common Areas:** Residents may use the community's common areas during hours of operation, including televisions and radios.
 - Activities should not be offensive or disruptive, and children must be accompanied and supervised by their parents or legal guardians.
- **Telephone Usage:** A phone is available for residents to make and receive personal calls 24 hours a day.
 - Courtesy is expected to ensure access to all. Any cell phone or personal phone in the apartment is an expense incurred by the resident.
- **Rental Insurance:** LAP does not cover personal belongings damaged due to fire or theft.
 - Residents are encouraged to purchase rental insurance.
- **Animals:** Animals of any kind, including but not limited to dogs, cats, reptiles, birds, and other animals, are not permitted on Program property or in Program housing.
 - Reasonable accommodation will be considered only as required by applicable law.
 - Only Animals that Resident have in possession prior to May1, 2026 may be allowed to retain that animal solely under this grandfathered exception. See Animal Policy for full details.
- **Cooking:** Program staff will assess a resident's ability to safely use appliances.
 - Residents and families may contact the appropriate designee for coordination of this evaluation.
 - No appliances are permitted in bedrooms.
- **Egress:** Residents must not misuse egress devices.
 - If a resident loans, gives, or trades their egress device, LAP may modify their rights to independent access, requiring the use of a Supercell, pull station, or doorbell for property access.

Violation of House Rules may result in any of the following:

- Additional Multi-Disciplinary Meetings (MDT) may be scheduled to address ongoing violations, develop interventions, and support the residents in returning to compliance with program expectations.
- Rights modification adjustments to a resident's individual decision-making, behavior, community access, removal of extraneous materials, or other areas of independence may be implemented in accordance with the facility's policy to ensure the safety and well-being of residents, staff, community members, and the program.
- Property Damage: Resident may be held financially responsible for repairs related to property damage they cause.
- Intentional inappropriate discharge of bodily fluids: If a resident intentionally discharges bodily fluids inappropriately, additional MDT meetings will be held to address the issue. Continued behavior of this



nature may result in cleaning fees being charged to the residents at a rate of **\$50.00 per staff member** required to perform cleaning.

- Smoking indoors is prohibited. May result in additional MDT meetings to address and resolve the issue. Continued non-compliance may result in a **\$50.00 cleaning fee per staff member** required to perform deep cleaning. Residents are responsible for ensuring that their guests follow this rule; violations by guests may also result in cleaning fees charged to the residents.
- Animal-Related Damage: Residents are responsible for any cleaning or repair costs resulting from animal urine or other damage. If repeated incidents occur, the resident may be required to rehome the Animal. The Life Adjustment Program (LAP) reserves the right to remove any animal from the premises at any time for any reason (see Program Animal Policy).
- Resident's Guest Conduct: Guests who engage in unsafe, abusive, derogatory, or threatening behavior may be asked to leave immediately. Repeated offenses may result in permanently being barred from campus.
- Physical Assault or Intimidation: Acts of physical aggression or intimidation may result in an involuntary termination of residency agreement or service provision.
- Disruptive or Unsafe Behavior: Behavior that is disruptive, unsafe, or negatively affects a roommate's quality of life may result in an involuntary termination of the residency agreement or service provision.
- Continued Non-Compliance: Ongoing violations of any House Rules may lead to an involuntary termination of residency agreement, and service provision.

It is the responsibility of staff to ensure compliance with these House Rules. Residents who believe a rule has been violated are encouraged to submit their concerns in writing.

These rules have been reviewed with me, and I understand my role and responsibilities in adhering to them. I also acknowledge the potential consequences of failing to comply with these House Rules. (**Note:** Choosing not to sign the House Rules does not exempt a resident from the obligation to follow them.)

Resident Signature/Date

Guardian Signature/Date



Life Adjustment Program (LAP) Application for Residency

Applicant Information		
Last Name:	First Name:	Middle Name:
Phone Number:	Email address:	
Do you have a preferred name?		
Date of Birth:	Social Security#:	
Marital Status:	Maiden Name if applicable:	
Are you a Veteran?	What is your Religious Preference if any?	
Current Residency and Mailing Addresses:		
Emergency Contact 1: Name: Address: Mailing Address: Phone Number: What circumstances should we contact you?		
Emergency Contact 2: Name: Address: Mailing Address: Phone Number: What circumstances should we contact you?		
Do you have any advanced directives? Yes No If yes, please provide a copy.		
Residency Information		
Most Recent Address / Name of Facility if applicable:		
Residency Dates:	Reason for Leaving:	
Address / Name:		
Residency Dates:	Reason for Leaving:	



Address / Name:	
Residency Dates:	Reason for Leaving:
Reason for Application	
Describe reason for seeking residency:	
Benefits and Income	
Do you have a person who manages your money (Representative Payee or Conservator)? ☐ Yes ☐ No	
Are you your own guardian? ☐ Yes ☐ No (If no, please indicate who is and provide paperwork detailing guardianship / POA / etc)	
First Name:	Last Name:
Relationship:	
Phone Number:	Email:
Preferred method of contact: ☐ Phone Call ☐ Email	
Current/Former Employer:	Military Service ☐ Yes ☐ No How many years?
Your Monthly Income:	SSDI/SSI Income:
Checking/Savings Amount: Bank Name(s):	Other Income Amount (i.e. from employment, disability funding, dividends):
Medicaid ☐ Pending ☐ Approved	Long-Term Care Medicaid ☐ Pending ☐ Approved
Medicaid Number:	Medicaid Case Manager:
Medicaid Case Manager Phone Number:	Case Manager Email Address:
Medicare ☐ Yes ☐ No Part C ☐ Part D ☐	Medicare Number:
Residing County:	Other Medical Coverage:



Do you have a trust if so, please indicate the type:	Do you own property? If so, please indicate?
Medical History	
Date of Brain Injury:	Diagnosis:
Describe the event in which your brain injury occurred:	
Have you had COVID? ☐ Yes ☐ No	Dates:
COVID Vaccination Date:	Last Flu Vaccination Date:
Do you have any allergies? (laundry soap / pets / seasonal etc)	Do you have any food allergies?
Current Medical Providers	
Primary Physician Name:	Physician Phone Number:
Physician Address:	Physician Fax Number:
Neurologist Name:	Neurologist Phone Number:
Neurologist Address:	Neurologist Fax Number:
Mental Health Provider Name:	Provider Phone Number:
Provider Address:	Provider Fax Number:
Dental and Vision Providers	
Dentist Name:	Dentist Phone Number:
Date of Last Visit:	Address:
Eye Doctor Name:	Eye Doctor Phone Number:
Date of Last Visit:	Address:
Getting to Know You	



What do you want us to know about you?

What supports do you need?

What are some of your goals?

What are your favorite activities or things to do?

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Signature of Applicant

Printed Name

Date

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Signature of Guardian If applicable) ?

Printed Name

Date

Please note: The applicant must sign themselves unless they have a legal guardian or if they have a power of attorney that specifies, they can act in one's place immediately after signature.



Release of Confidential Information

I authorize and consent The Life Adjustment Program to receive and provide any confidential information, mental health and psych records, medical records, educational information, evaluation, and other pertinent information about the below named individual with the agencies or persons listed below. I understand that if I do not wish The Life Adjustment Program to contact or exchange information with any of the below persons or agencies, or their authorized representatives, I may cross them off. The information received and/or released shall be used solely for planning, coordinating and delivering the best and most appropriate services offered by The Life Adjustment Program. I understand that I may cancel all or part of this consent by writing to the Life Adjustment Program. Copies of this consent shall be deemed to have the same force and effect as the original. I understand that if the person listed below commits a crime while residing at The Life Adjustment Program or is accused of committing a crime or being a party to a crime, this release allows The Life Adjustment Program to communicate information to applicable legal agencies in order to cooperate with all legal proceedings.

Applicant/Resident Name:	DOB:
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Agencies/Vendors/People:

Colorado Department of Health Care, Policy and Finance	Hilltop (All Programs, Staff, Contractors, Students, Volunteers)
All Colorado Departments of Human Services and Case Management Agencies / Rocky Mountain Human Services	All Intermountain Health Branches & St. Mary's Hospital, St. Mary's Family Practice, and Affiliates St. Mary's Billing Department
Marillac Clinic Services / PrimeHealth+	Colorado Probation & Parole
Community Hospital and Affiliates	All Law Enforcement Agencies / Courts / Public Defenders / Correctional Facilities
Grand Junction Fire Department / All Emergency Services	Telligen
Mind Springs / West Springs / Colorado Crisis Line / Colorado Mental Health Line / 988 Crisis Line / Health Solutions West / Lifespan Psychiatry	NuMotion (Durable Medical Equipment) / National Seating
Omnicare Pharmacy	Apria Health Care (Respiratory Supplies)
Catholic Outreach / United Way / Homeward Bound / Brain Injury Association of Colorado	Millenium Medical Services / Sunshine Rides / GVT / Med Lift

Family: Name	Relationship	Phone

Current/Past Physicians/Dentists/Psychologist/Counselors:

Name	Relationship	Phone

Other: Name	Relationship	Phone

I understand that these records are protected under Federal and State Confidentiality Regulations. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the Regulations. I understand that I may revoke this consent at any time, otherwise it shall continue in effect for one year.

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Signature of Applicant/ Guardian
Printed Name
Date



Fair Credit Reporting Act

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As an applicant of Hilltop Community Resources, Inc., you are a consumer with rights under the Fair Credit Reporting Act. When considering residency applications, Hilltop Community Resources, Inc. may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Hilltop Community Resources, Inc. A "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on character, reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for residency.

An "investigative consumer report" is a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Background Authorization

I, _____, hereby authorize Hilltop Community Resources, Inc. to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding residency with Hilltop Community Resources, Inc.

I authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to Hilltop Community Resources.

I acknowledge receipt of the "Disclosure Regarding Background Investigation" and "Summary of Your Rights Under the Fair Credit Reporting Act" and certify that I have read and understand both of these documents.

I understand that if I reside in a Hilltop program, this authorization shall remain in effect throughout my residency. This report may be delivered in either written or electronic form.

Social Security #		Date of Birth		Gender	
Current Address					

Residency

City	State	Length of Time at Address

List all previous names used including aliases, maiden or previous married names

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Signature of Applicant / Guardian

Printed Name (First / Middle / Last)

Date

Please note: The applicant must sign themselves unless they have a legal guardian or if they have a power of attorney that specifies they can act in one's place immediately after signature.