

PARTICIPANT INFO

Name _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Phone Home _____ Cell _____

E-mail address _____

PARENT/GUARDIAN INFO

Name _____ Relationship _____

Address (if different from Participant) _____

Phone Home _____ Cell _____ Work _____

Email address _____

AGENCY/CASE MANAGER INFOMUST PROVIDE PROPER AGREEMENT FORMS****

Name _____ Contact person _____

Address _____

Phone Work _____ Cell _____

Email _____

Program Revenue Code: (REQUIRED INFO): _____

Date Received: _____

PERSONAL HAPPINESS

1. Who/what are the people/things that are most important to the participant?
Please explain: _____
2. When is he/she most happy?
Please explain: _____
3. When is the participant most uncomfortable/unhappy?
Please explain: _____

MOBILITY INFORMATION

1. Does the participant use a wheelchair? yes no manual electric
3. Does the participant need help transferring? yes no
Please explain: _____
4. Does the participant use other assistive devices used for ambulation such as a walker? yes no
Please explain: _____

PERSONAL CARE

1. Does the participant need assistance in the bathroom? yes no
Please explain: _____
2. Does the participant require diapers? yes no
3. Does the participant have bladder/bowel control? yes no
Please explain: _____
4. Does the participant need menstrual assistance? yes no
Please explain: _____
5. Are scheduled bathroom times needed? yes no
Please explain: _____
6. Can the participant undress and dress himself/herself independently? yes no
Please explain: _____

ASSISTIVE DEVICES

Please check: glasses hearing aid other: _____
Please explain: _____

COMMUNICATION

Please check which forms of communication the applicant uses:

verbal language sounds gestures sign language
 communication board other: _____

DIETARY NEEDS

1. Does the participant have a special diet or food restrictions/allergies? yes no
Please explain: _____

2. Can the participant feed himself/herself independently? yes no
Please explain: _____
3. Does the participant need straw, bib, adaptive spoons, feeding tube, etc.? yes no
Please explain: _____

HEALTH

1. Please list any medication the applicant takes: _____

2. Please indicate any dressings the participant requires: _____

3. Has participant had an operation or serious injury within the last year? yes no
If yes, specify: _____
4. Please list any medication allergies: _____
5. Does the participant suffer from seizures? yes no
Date of last seizure? _____
How would you like staff to handle if a seizure were to occur? _____

6. Please indicate any other medical needs: _____

SAFETY

1. Is the participant willing to stay with the group? yes no
Please explain: _____
2. Can the participant recognize his/her own belongings? yes no
Please explain: _____
3. Can the participant recognize danger? yes no
Please explain: _____
4. Will the participant wander or run? yes no
Please explain: _____
5. Does the participant interact with others safely? yes no
Please explain: _____
6. Is participant prone to engage in conversation with strangers? yes no

BEHAVIOR/PERSONALITY

1. Does the participant have any phobias/fears, i.e., fear of dogs, heights, confinement, etc.?
 yes no Please explain: _____
2. Are there any settings or activities that may cause behavior difficulties, i.e. loud surroundings, flashing lights, etc.? yes no
Please explain: _____
3. Please describe the best way to introduce or explain new tasks or transitions: _____

4. Please indicate what types of things frustrate or anger the participant: _____

5. Please indicate the best way to redirect or engage the participant's attention: _____

6. Is the participant using a specific plan for behavior? yes no

Please explain: _____

*If a formal plan is in place, please include a copy.

8. What type of behavior management or reinforcement works best? _____

9. What type of additional assistance do you think the participant might require to participate successfully in a day program setting? _____

ACTIVITIES

1. What activities does the participant enjoy?

Please explain: _____

2. What activities should be restricted?

Please explain: _____

EDUCATIONAL EXPERIENCE

High School Attended _____ City _____

Vocational training agencies worked with _____

Has the participant attended any other recreation or day programs? Please list _____

Employment (Please include volunteer work): _____

TRANSPORTATION

Transportation is not provided by the Recreation Department for the program. How will the participant get to and from program activities? _____

If participant receives transportation please list company name and phone number.

FAMILY INVOLVEMENT

This program is family and community oriented. You are welcome to visit the program at any time and are encouraged to attend special events and lunches. Volunteers are needed, especially on community outings. Volunteers are subject to a background check. If you are willing to volunteer for activities with the applicant please contact Bobby Foreman, Program Manager 414-604-4968.

IMPORTANT NOTES

Individuals in the Recreation Department Community Based Transition Program must be able to participate within the parameters of the program. This includes, but is not limited to transitioning from activity to activity, participation in a group setting and utilizes appropriate social skills in a community setting. Any applicant who becomes a danger to themselves or others, becomes unmanageable in the group setting of this program, will be asked to discontinue attendance either temporarily or permanently. The Recreation Department and the volunteers are not responsible for accidents that may occur to any of the applicants in this program. You will be notified whether or not your application is accepted.

Signature of participant

Signature of Parent/Guardian

Date

Signature of Person Completing Application

Date