

Westchester Arc - Recreation Application 2007

Applicant's Name _____ Today's Date _____

Applicant's Soc. Sec. # _____ Date of Birth _____ Age _____

Primary Contact Person _____ Relationship _____

Day Phone # _____ Eve.Phone# _____ Other (i.e. Cell, beeper, fax) _____

Secondary Contact Person _____ Relationship _____

Day Phone # _____ Eve.Phone# _____ Other (i.e. Cell, beeper, fax) _____

Guardian _____ Relationship _____

Day Phone # _____ Eve.Phone# _____ Other (i.e. Cell, beeper, fax) _____

Name of Agency / Residence _____ Fax # _____

Mailing Address

Name _____

Street _____

City _____ State _____ Zip Code _____

Meals

His/Her appetite is generally: _____ The pace at which he/she generally eats: _____

If assistance is required, please explain: _____

Comments regarding meals (incl. choking precautions): _____

Favorite foods: _____ Food dislikes: _____

Behavioral Skills

List any problematic behavior (biting, hitting, mood swings, temper tantrums, wandering, etc.) and explain what is done to diminish this behavior: _____

List any fears or concerns which may upset the applicant (e.g. darkness, thunder, animals, water, campfires): _____

Preferred Outdoor activities _____

Preferred Indoor activities _____

Communication Skills

To what extent is the applicant able to verbalize? _____

If there is a communication disorder, how are needs expressed? _____

Socialization Skills

How will the applicant adjust to peers? _____

How will the applicant adjust to staff? _____

How will the applicant adjust to being away from home? _____

Finances

Is the applicant able to maintain his/her money independently? _____

If not, what assistance is necessary? _____

Please check ALL that apply:

<p>Toileting</p> <p><input type="checkbox"/> Has accidents - Circle one: Day Night Both</p> <p><input type="checkbox"/> Needs considerable help</p> <p><input type="checkbox"/> Needs help with clothing</p> <p><input type="checkbox"/> Indicates needs</p> <p><input type="checkbox"/> Fully independent</p> <p>Combing/Brush Hair</p> <p><input type="checkbox"/> Needs considerable assistance</p> <p><input type="checkbox"/> Combs/Brushes hair with minimal help</p> <p><input type="checkbox"/> Combs/Brushes hair independently</p> <p>Shampooing Hair</p> <p><input type="checkbox"/> Needs considerable help - describe in notes below</p> <p><input type="checkbox"/> Needs some help - will express needs</p> <p><input type="checkbox"/> Needs minimal supervision - only adjust water</p> <p><input type="checkbox"/> Fully independent</p> <p>Sleeping</p> <p>Applicant sleeps? [] well/soundly [] poor/restlessly</p> <p>Does applicant take a nap? [] Yes [] No</p> <p>Does applicant wander at night? [] Yes [] No</p> <p>Other night time behaviors, please list below.</p>	<p>Dressing</p> <p><input type="checkbox"/> Needs considerable help in dressing</p> <p><input type="checkbox"/> Dresses with some assistance</p> <p><input type="checkbox"/> Dresses self with minimal supervision</p> <p><input type="checkbox"/> Needs assistance selecting appropriate clothing</p> <p><input type="checkbox"/> Independent; selects appropriate clothing</p> <p>Toothbrushing</p> <p><input type="checkbox"/> Needs considerable help - describe below</p> <p><input type="checkbox"/> Needs some assistance - will express needs</p> <p><input type="checkbox"/> Fully independent</p> <p>Showering</p> <p><input type="checkbox"/> Needs considerable help - describe below</p> <p><input type="checkbox"/> Needs some assistance - will express needs</p> <p><input type="checkbox"/> Needs minimal supervision - only adjust water</p> <p><input type="checkbox"/> Fully independent</p> <p>Shaving (Male Only)</p> <p>Need assistance shaving? [] Yes [] No</p> <p>Menstruation (Female Only)</p> <p>Does applicant menstruate? [] Yes [] No</p> <p>Unusual discomfort [] Yes [] No</p>
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Please feel free to provide additional information below about the vacationer; which will assist us in knowing his/her special needs. **This information is very important to us.**

“I have completed this form in its entirety and attached a copy of all insurance cards.”

SIGNATURE: _____ RELATIONSHIP TO APPLICANT: _____