

SDR ONR SNL Other: _____
Date of Tour _____

child
 adult
Date when turning 16 _____

Intake Application (completed by family member/guardian and reviewed by CSPD)

How did you hear about us? _____ Date: _____ Number of Siblings: _____
Applicant Name: _____ Date of Birth: _____
Current Address: _____

Parent/Guardian: _____
Address (leave blank if same as above): _____

Home Phone: _____ Cell: _____
Work Phone: _____ Hours/Days at Work: _____
Email Address: _____

Emergency Contact 1: _____
Name/relationship: _____
Phone #: _____

Emergency Contact 2: _____
Name/relationship: _____
Phone #: _____

NOTE: The House of Possibilities, Inc. requires a copy of a parent's current Driver's License OR a copy of the Court Order appointing the Guardian with this Intake Form. (Please Provide)

- Copy of Driver's License provided
- Copy of Court Order appointing Guardian provided

Alternate Pick-up:
1. Name/relationship: _____
 Phone #: _____
2. Name/relationship: _____
 Phone #: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Activities

What are the child's favorite activities? _____
What are the child's dislikes? _____

Speech/Communication

How does the child communicate? _____ Verbal _____ Communication Device
(Check all that apply) _____ Sign Language _____ Body Language

Is the child able to make his/her needs known? _____

Any other pertinent information, please describe _____

Daily Living Supports

Demonstrates bladder control? _____ During Day? Yes / No _____ At Night? Yes / No
Demonstrates bowel control? _____ During Day? Yes / No _____ At Night? Yes / No
Wears diapers/briefs? _____ Yes / No _____ If yes, please send enough for that respite service.
If not independent, what level of assistance is needed for toileting _____

Mobility Supports

Does the child use assistive devices for mobility? Yes / No _____ If yes, specify _____
Does the child need assistance for transfers? Yes / No _____ If yes, specify _____
Other pertinent information, please describe _____

Behaviors

Does the child wander from the house? Yes / No _____
Does the child wander while outdoors? Yes / No _____ If yes, describe: _____
What may cause the child to become upset (i.e. limit setting, loud noises, disruption in routine)? _____
What will the child do if he or she should become upset? _____
Has the child exhibited any self-injurious behaviors? Yes / No _____ If Yes, describe type (i.e. biting and/or hitting self, head banging) and frequency _____
Has the child exhibited aggression toward another child or Person? Yes / No _____ If Yes, how frequent? _____
Please explain: _____
Does the child have a behavior plan? Yes / No _____

Medical Needs

Does the child have a seizure disorder? Yes / No _____ If yes, complete the information below:
What type of seizures (absence, partial complex, tonic clonic, etc)? _____
How long do seizures typically last? _____ How frequent are the seizures? _____
Date of last known seizure: _____
Is there a seizure protocol to follow? Yes / No _____ If yes, explain protocol: _____
Are there signs or triggers that typically precede seizures (including time of day)? _____
Typical behavior following a seizure? _____

Identifying Information

Please share the following identifying information about participant, which would be used in case of emergency.

Eye Color: _____ Hair Color: _____ *Please attach a recent photo.
Caucasian ___ African American ___ Hispanic ___ Asian ___ Pacific Islander ___ Two or More _____
Other _____ Country of birth: _____

School/Provider Information

Current grade: _____ School Name: _____ School City: _____
Please describe current classroom or school program (inclusion, pull-out services, SLP/OT/APE, size of classroom, 1:1 paraprofessional or shared aide, etc.):

Level of support needed to fully participate in recreational activities:

- _____ Intermittent - support from time to time, especially in new or stressful situations
- _____ Limited support – regular support to navigate and access activities/situations
- _____ Extensive support – ongoing support for day-to-day activities and routines
- _____ Pervasive support – continuous support for all activities and routines

Health Information:

Wears glasses? Yes / No Hearing aid(s)? Yes / No
Any allergies (bees, animals, food, medications, etc.)? _____
Any dietary restrictions? Yes / No _____
If food allergies, will child recognize and avoid foods he/she is allergic to? Yes / No
Allergy treatments (i.e. epi-pen prescribed): _____
Other pertinent allergy information: _____
Please describe any other health issues such as heart conditions, asthma, diabetes, and regular treatments (including inhalers): _____
Please describe any hospitalizations for medical or psychiatric treatment _____

List all current medications (with dosages), including vitamins: (please include times of day, dosages)

Date of last medical exam: _____

- *a physical report form must be completed and attached before child is accepted**
- *all overnight respite children must provide a copy of current doctor’s orders**

Additional Information:

Many children with special needs receive funding through state agencies that may be applied to services at the House of Possibilities. (For example, children with DOE/DMR intervention plans can be eligible for funding for our day respite as part of “community activity fees”. This enables families to access day respite services for their child and use their DOE/DMR plans to fund it.)

Does your child have a DOE/DMR Intervention Plan? Yes/No

Does your child have PCA services? Yes/No

Does your child have any other funding by state agencies? Yes/No

If yes, please describe _____

Family Gross Income Level

Why do we ask this? The House of Possibilities relies heavily on a variety of grants from the state and federal levels to maintain the cost of services at their current levels. Though it is optional to provide this information, it is often requested on grant applications, and it would help us greatly as we continue to expand our presence in the grant application process in the years to come.

- \$0 to \$24,999 \$25,000 to \$44,999 \$45,000 to \$69,999
- \$70,000 to \$104,999 \$105,000 and above

Required as part of the registration process:

- _____ Respite Intake Form (3 pages)
- _____ Copy of license for person completing forms
- _____ Emergency Fact Sheet
- _____ Video/Photo Release
- _____ Physician’s Approval for Attendance
- _____ Statement of Medical Consent
- _____ Common Excursions Authorization and General Release