**PARTICIPANT CONTACT INFORMATION**

**Name:**

**Address:**

**City, State, Zip:**

**County**

**Cell Phone Number:**

**E-Mail Address:**

**Male**  **Female**

**Date of Birth:**

**Age:**

**Where does the participant live?**

**On his/her own**

**With parents**

**Name(s):**

**Cell Phone:**

**In a Group Home**

**Name:**

**Phone Number:**

**OTHER**

**Please specify:**

**Phone Number:**

**PARTICIPANT INFORMATION**

**What is the participant’s disability?**

**Autism Spectrum Disorder**

**Behavior Disorder**

**Cerebral Palsy**

**Developmental Disability**

**Down Syndrome**

**Mental Illness**

**Physical Impairment**

**Hearing Impairment**

**Visual Impairment**

**Health Related Issues**

**Other:**

**N/A (sibling)**

**Has the participant ever have seizures?**

**YES  NO**

**\*\*if yes, please complete a seizure information form\*\***

**received by HISRA**

**(for office use only)**

**Who is the participant’s legal guardian?**

**Participant is his/her own guardian**

**Someone else is the participant’s legal guardian (please specify)**

**Name(s)/relation:**

**Cell Phone:**

**Who should we contact in case of an emergency?**

**Name(s)/relation:**

**Cell Phone:**

**Name(s)/relation:**

**Cell Phone:**

**DIET AND FEEDING INFORMATION**

**Participant can eat independently**

**Participant uses adaptive equipment when eating (please specify)**

**Participant needs assistance when eating (please specify)**

**Participant has a special diet such as mechanical soft, puree, etc? (please specify)**

**Any foods the participant should avoid? (please specify)**

**ALLERGY INFORMATION**

|  |
| --- |
| **Food Allergies** |
| **Drug Allergies** |
| **Other allergies** |

**Is the participant allowed to drink alcohol? (age 21+ only)**

**YES  NO**

**TOILETING INFORMATION**

**(check all that apply)**

**can use the restroom independently**

**needs assistance undressing/dressing in the restroom**

**needs reminders to use the restroom (how often?** **)**

**needs assistance wiping after using the restroom**

**wears diapers and needs full assistance with all toileting needs**

**needs verbal cues and reminders regarding menstrual care**

**needs full assistance regarding menstrual care (pads only, no tampons)**

**MOBILITY INFORMATION**

**Does the participant use any of the following? (check all that apply)**

**electric wheelchair**

**manual wheelchair**

**leg braces**

**a cane**

**crutches**

**Does the participant need assistance transferring from a wheelchair to the toilet or other seat?**

**No, they can transfer on their own**

**Yes, they need assistance transferring  1 person assist**

**2 person assist**

**When transferring from a wheelchair to the toilet or other seat, can the participant bear any weight on their own?  Yes  No**

**MEDICATION INFORMATION**

|  |  |  |
| --- | --- | --- |
| **MEDICATION** | **DOSE** | **TIME** |
|  |  |  |
|  |  |  |
|  |  |  |

**does not take any medication**

**COMMUNICATION INFORMATION**

**(check all that apply)**

**understands what is said to him/her**

**can express his/her needs clearly**

**speaks clearly**

**uses sign language**

**uses PECs**

**uses a communication device (please specify type****)**

**cries as a form of communication**

**screams as a form of communication**

**takes a person to a location as a form of communication**

**moves a person’s hand to an object as a form of communication**

**tries to grab at people or objects as a form of communication**

**uses gestures and/or pointing as a form of communication**

**shakes his/her head as a form of communication**

**other forms of communication (please list):**

**PARTICIPANT’S SOCIAL SKILLS**

**(check all that apply)**

**is easily frustrated**

**is sensitive to loud noises**

**is sensitive to touch**

**is physically aggressive**

**is verbally aggressive**

**is sexually aggressive**

**has verbal ticks**

**has physical ticks**

**has a written behavior plan**

**may wander off**

**One “like”:**

**One “dislike”:**

**What helps the participant calm down? (please list):**

**TRANSPORTATION INFORMATION**

**(check all that apply)**

**will sit in vehicle seat and be secured by a seat belt when being transported in a HISRA vehicle**

**may be secured in their wheelchair when being transported in a HISRA vehicle (wheelchair provided is vehicle rated)**

**may be transferred into a vehicle seat and secured by a seatbelt when being transported in a HISRA vehicle**

**IMPORTANT NOTE: Parents/guardians must supply a child safety seat as needed for any transportation in HISRA vehicles. Please review additional information at** [**www.hisra.org**](http://www.hisra.org)

**PICK UP INFORMATION**

**(check all that apply)**

**can navigate in and out of HISRA programming on their own**

**can be released to GH staff**

**can be released to parents**

**Name(s):**

**Cell Phone:**

**can be released to:**

**Name(s)/relation:**

**Cell Phone:**

**can be released to:**

**Name(s)/relation:**

**Cell Phone:**

**PARENT/GUARDIAN SIGNATURE**

**signature**

**date**