HISRA 2017 ANNUAL INFORMATION FORM (page 1 of 2)

This form is required to be filled out completely ONCE per calendar year. It will accompany participants at all programs/activities they attend. Form must be returned to HISRA prior to participation in any program.

Please PRINT and do not abbreviate.

Participant Info

Name: _____
Mailing Address: _____
City:_____
State:_____ Zip: _____
Participant Cell: _____
Participant Email: _____
❒ Male ❒ Female
Date of Birth: ____/____/____ Age: _____

Participant Lives:

❒ With parent(s)/family
❒ In a group home
Name of group home:_____
Manager: _____
Phone: _____
❒ Other: _____

Sizes:

Shirt size: _____
Short size: _____

Who filled out this form?

Name:_____
Date: ____/____/____

Support System

Guardian:

❒ Self
❒ Other:
Name: _____
Relation: _____
Phone: _____

In the event of program change and/or emergency who should we contact?

❒ Guardian (info above)
❒ Other
Name:_____
Cell #: _____

Alternate Emergency Contact

Name: _____
Cell #: _____

HISRA Pick Up Information

❒ Independently comes/goes from program
❒ Release to group home staff
❒ Will travel via 3rd party transportation
Agency: _____
❒ Others (include family members):
1) _____
2) _____

Medical Info

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 experienced a seizure?

❒ Yes* ❒ No

*If yes, please ask office for a Seizure Care Plan

Medications

❒ Does not take any medication
❒ Takes medication
Please list all meds taken or attach med list – even if not taken during HISRA program. Ask office for **Med Dispensing Form** if meds are taken during program.

Medication	Dose	Time

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SUPPORT INFO - details that help our staff support the participant

Transportation

- ❒ Will sit in vehicle seat and be secured by a seat belt when being transported by 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:
Parent/guardian must supply a child safety seat as needed for transportation in HISRA vehicles

Social Skills/Communication (✓ all that apply)

- ❒ Has written behavior plan
- ❒ Understands what is said to him/her
- ❒ Uses communication device
- ❒ Other communication: _____
- ❒ Can express needs
- ❒ Uses sign language
- ❒ Uses PECs
- ❒ Is easily frustrated
- ❒ Dislikes noises
- ❒ Sensitive to touch
- ❒ Physically aggressive
- ❒ Verbally aggressive
- ❒ Sexually aggressive
- ❒ May wander off

What helps calm participant when agitated?

_____

Is there any fear of which staff should be aware?

_____

Any specific triggers?

_____

Toileting (✓ all that apply)

- ❒ Completely independent
- ❒ Assistance dressing/undressing:

  _____
- ❒ Prompting/Reminders
  How often? _____
- ❒ Assistance wiping
- ❒ Wears diapers and needs full assistance
- ❒ Needs menstrual care assistance
  - ❒ Reminders
  - ❒ Assistance changing pads (NO tampons)

Mobility

- ❒ Independent mobility
- ❒ Electric wheelchair
- ❒ Manual wheelchair
- ❒ Has trouble climbing stairs

Does participant need assistance transferring from wheelchair to toilet/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 toilet/other seat, can participant bear any weight on their own?

- ❒ Yes
- ❒ No

Swimming

- ❒ Participant needs full assistance while swimming
- ❒ Participant has some swimming skills
- ❒ Participant can swim independently

Diet and Feeding

- ❒ Participant eats independently
- ❒ Participant has diet restrictions:

  _____

  _____
- ❒ Participant needs assistance eating:

  _____

  _____
- ❒ Participant has special diet:
  - ❒ Mechanical Soft
  - ❒ Puree
  - ❒ Thickened liquids
  - ❒ Other: _____

Allergy Info

Food: _____

_____

Drug: _____

_____

Other: _____

_____

If 21 – is participant allowed to drink alcohol?

- ❒ Yes
- ❒ No

▶ _____
Legal Guardian Signature *Date*