

PARTICIPANT APPLICATION - INTAKE

Last Name First Name

Name of Parent, Guardian or Primary Care Support Relationship to Applicant

Address City Postal Code

Phone (home) Phone (cell)

Date of Birth (YYYY/MM/DD)

Primary Physician Name Address Phone

Provincially Licensed Health Care Professional, (*Physician, Social Worker, Psychologist, Occupational Therapist, Speech Language Pathologist, Registered Nurse, etc.*)

Address Phone

Neurodevelopmental Disorder

Other Disorders

Autism Spectrum Disorder	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>
Intellectual Development Disorder	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Epilepsy or Seizures <i>File additional form attached</i>	<input type="checkbox"/>
Brain or Neurological Injury	<input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Mobility Challenges	<input type="checkbox"/>
Impulse Control	<input type="checkbox"/>	Medical Illness	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	Physical Disability (<i>specify</i>)	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	Mental Health Disability (<i>specify</i>)	<input type="checkbox"/>

Check all that apply.

Allergies (Please list clearly and describe possible reactions)

Do reactions require an Epi-pen? Yes No

Medication History/Management, (please list medications and purpose of each med)
Please note, no medication (prescribed or OTC) can be dispensed without receipt of a completed
"Administration of Prescribed Medication" form, signed by a physician.

Independent

Not independent

Requires minimal supervision		Requires constant supervision	
Follows verbal instructions		Will wander or flight risk	
Can toilet independently		Needs assistance with toileting	
Able to feed independently		Needs assistance with feeding	
Can do up buttons/zippers		Needs assistance with buttons/zip	
Can communicate needs verbally		Cannot communicate verbally	

Additional Comments

Behaviors (Identify as **MI**-mild, **MOD**-moderate, **S**-severe)

Disruptive		Avoidant	
Self Harm		Anxiety	
Aggressive – verbal		Confusion	
Aggressive – physical		Inattentive	
Defiant		Wandering/Pacing	

Behaviors Continued (Identify as **MI**-mild, **MOD**-moderate, **S**-severe)

Impulsive		Relationship Boundaries	
Fearful		Grandiosity-Invincibility	
Eating Disorder		Loss of Control	
Stealing From Others		Other (<i>specify</i>)	

Additional Comments

Personal Interests

Check all that apply.

Cooking/baking		Dancing	
Crafts		Singing	
Reading		Computer / Tablet	
Art		Listening to Music	
Walking / Hiking		Musical instruments	
Movies		Animals	
Sports		Outings	

Other

Please provide last IEP from school to assist with support planning.

Additional Information

Name of Applicant/Participant:

Statement of Confidentiality and Release of Information Consent

The information contained in this Participant Application/Intake Form is private and confidential and may be accessed by staff only with your signed consent. These records are intended to provide information for use in identifying barriers, needs, health and safety information and interests pertinent to the participation in Programs offered by Checkered Door Inc. Your signature of consent is requested to authorize the use of the information by staff and to provide their access to it.

I _____ (print name) consent to the release of the information provided in this document to the staff at Checkered Door Inc. I have been informed as to who will have access to my information and how it will be used. I have been informed that this information will remain private, secure and strictly confidential.

Signature of Applicant/Participant, Parent or Guardian

Date

Professional Referral Page attached

Yes

No

Date of Case Conference

Potential Start Date

Disclaimer

Although Checkered Door Inc. accepts individuals with a wide range of special needs and are success focused, it reserves the right to terminate program/service agreements under the following circumstances:

- ▶ Concern for the safety of other participants and/or staff
- ▶ Consistent inability to follow program direction, interfering in the enjoyment of others