NAME:_____

www.TheSpecialNeedsDayhab.com

Please attach a current picture

The Special Needs Dayhab

Enrollment Form

Located within First United Methodist Church of Whitesboro

Name _____

Date of Birth _____ Gender M / F_____

Age _____ Weight _____ Height _____

Address _____ City _____ State ____ Zip Code _____

Guardian #1 Name _____ Guardian #2 Name _____

Phone #1 _____ Phone #2 _____

Best Contact Email _____

Emergency Contact (other than parent or guardian)_____ Relationship _____

Phone _____

Names and ages of family members: _____

_____

Primary Diagnosis (please describe)_____

_____

_____

School graduated from:_____

How does the individual communicate? _____

_____

Any hearing deficits?_____

Any vision deficits?_____Wear glasses or contacts?_____

Describe individual's motor skills: _____

_____

_____

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NAME:_____

Does the individual need assistance getting around? _____ Fall risk?_____
Type of Assistance?_____

Individual's favorite activities/Interests/Games?_____
_____

What are activities the individual likes or does not like/is afraid of?_____
_____

Does the individual swim? _____ Do they need floaties or a life jacket? _____

How does the individual express anger or frustration?_____

When the individual becomes upset, what helps comfort him/her?_____

Are there behavior problems or concerns that you have specific ways of handling? Would you like us to continue this? We ask because we feel that being consistent in our expectations of the individual is only fair.
_____

_____

_____

Does the individual act out physically?_____

SELF CARE:
Is the individual completely toilet trained? _____ Can go alone? _____
Wipes self? _____Needs supervision? _____Wears disposable briefs?_____
Any specific instructions? _____
_____
Words or signs that the individual uses to indicate toilet needs?_____
_____

EATING HABITS:
Left or right handed? _____ Needs NO help _____ Needs some help _____ Needs much help _____
Instruction if help is needed (please explain in detail): _____
_____
Chokes easily? _____ Chews well? _____ Not well? _____ Other _____
Can individual wash hands before meals? _____ Needs help? _____
Specific foods the individual likes?_____
Specific foods the individual dislikes? _____
Additional information (please describe how you handle any special eating problems): _____
_____

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Favorite thing to order at restaurants:

_____

_____

Please list any food allergies:_____

FEMALES ONLY:

Care during menstrual periods:

Does individual have menstrual periods? _____ Can they manage without help? _____

Needs supervision? _____ Needs help? _____ Exactly what help? _____

_____

MEDICAL INFORMATION

Seizures: Yes/No

If Yes, Frequency?_____

Duration?_____

Details?_____

Response/Aftercare?_____

Dehydrates Easily_____Sunburns Easily_____Diabetic_____

Environmental Allergies?(Including animals)_____

Medication Allergies?_____

Reaction?_____

Medications to be given at Dayhab?_____Yes _____No

List all medications, dosage, and time taken that an individual takes routinely. This includes over-the-counter, non-prescription and prescription drugs. (Include ALL Medications including those not taken at Dayhab) OR Attach a Medication List

Med #1 Name_____Dosage_____Time Taken_____

Med #2 Name_____Dosage_____Time Taken_____

Med #3 Name_____Dosage_____Time Taken_____

Med #4 Name_____Dosage_____Time Taken_____

Med #5 Name_____Dosage_____Time Taken_____

*Medications must be given to The Special Needs Dayhab staff in a non-expired pharmacy labeled bottle and will be administered according to label instructions only.

Physician Name_____ Physician Phone #_____

Please list all the authorized persons who may pick up the individual from the program.

Authorized persons for picking up the individual are:_____

_____

NAME:_____

Is there anything else that you would like us to know about your Individual that could help us make his/her experience even more enjoyable?

_____

_____

_____

T-SHIRT

Please indicate what size shirt the individual will need.

Adult Sizes: Small _____ Medium ____ Large _____
X-Lg _____ XX-Lg _____ XXX-Lg _____

Last Name _____First Name_____ Date of Birth ___/___/___

Gender M / F Age_____

Consent

I hereby give consent for the above listed individual to attend the Special Needs Dayhab and participate in all activities. In consideration for the acceptance of the above names, I release and waive any and all claim or cause of action which may accrue against the Special Needs Dayhab or any employee or volunteer, and other person acting with the permission of either arising out of any injury and/or loss to the person or property of such individual during his/her stay at the day program, in transit to and from any activity approved by any said persons, and I agree to assume all liability for any claims which said individual in his/her personal capacity might have against any said person for injury as herein stated.

Signed:_____

Medical Release

In the event I cannot be reached in a medical emergency, I hereby give my consent and authorization for medical treatment by a health care professional for the purpose of preserving the life and/or well being of the above named Individual. I give permission to request or approve any medical attention needed to the individual and authorize the staff of The Special Needs Dayhab to administer medications according to labeled instructions.

Signed:_____

Consent to Photograph

I hereby give my consent for the Individual to be photographed for use in the interest of the program.
____Yes____No

I hereby give my permission for photographs of the individual to be used on social media or for advertising purposes. _____Yes_____No

Agreement

I understand the information I have provided for this individual will be held confidential, and be used only for the purpose intended by the Special Needs Dayhab. I also acknowledge that this information is current and true to the best of my knowledge.

Signature: _____ Date: _____
Circle: Parent / Guardian / Managing Conservator or Individual

Signature: _____ Date: _____
Circle: Parent / Guardian / Managing Conservator or Individual

I,_____(Individual/Applicant), agree to the following policies and havior guidelines of The Special Needs Dayhab program. I understand that repeated acts of noncompliance with these guidelines may lead to dismissal from The Special Needs DayHab program.

1. MEALS: Please bring your lunch and please inform staff of any food allergies or changes in diet. Staff will assist in preparation and any assistance needed with meals.
2. TOILETING: Members must be able to use the toilet (with minimal to no assistance) and have all toileting needs attended to in the bathroom, as there is no additional changing area in the facility. Disposable briefs (pull-ups) are allowed, and staff will assist members with minimal assistance as needed with toileting in the bathroom.
3. MEDICATIONS: Only medications with current prescriptions are allowed in the Dayhab. All medications are to be kept in a locked cabinet. Medication must be brought to the Dayhab in a pharmacy labeled bottle along with physician's orders. Members must be able to self-medicate with supervision and hand-over-hand assistance from staff.
4. VAN SAFETY: Members will be visiting various sites in the community throughout the week. Members must wear seat belts and demonstrate safe and appropriate behaviors when riding in a Special Needs Dayhab vehicle.

5. SMOKING POLICIES: The Special Needs Dayhab is a TOBACCO FREE facility. Tobacco is not allowed in the building, in the parking lot, or at community sites. No smoking breaks are given. Please do not bring tobacco products, lighters, or other vaping devices to the dayhab.
6. DRUGS AND ALCOHOL: No alcohol or illegal drugs are allowed at Dayhab, in vehicles, or at community sites. Possession of such items may lead to immediate dismissal from the program.
7. WEAPONS: No guns, knives, or other items that could be used as weapons are allowed at the Dayhab, in vehicles, or at community sites. Possession of such items may lead to immediate dismissal from the program.
8. PROGRAM PARTICIPATION: Members must appropriately and actively participate in Day Hab programming and comply with all policies and guidelines.
9. BEHAVIORS: Members must be able to demonstrate socially appropriate behaviors at the Dayhab and while out in the community. Verbal or physical aggression will not be tolerated. This includes profanity. The Special Needs Dayhab will not tolerate bullying, making fun of others, gossiping, or any other socially unacceptable verbal confrontation.
10. PROGRAM DISMISSAL: The staff of The Special Needs Dayhab reserves the right to dismiss a member immediately due to any behaviors that may risk the safety and well-being of any other members or staff. The Special Needs Dayhab reserves the right to dismiss any member who refuses to follow this policy.
11. GROOMING/DRESS: Members must be well groomed and appropriately dressed for Dayhab and community outings. Closed toe shoes are highly recommended, as they are required for some outings. Appropriate clothing consists of clothes and undergarments that are not torn or frayed, revealing, or have profanity or vulgar images on them. If you come to the program and you or your clothing/undergarments are not appropriate you will be asked to leave and return when appropriate.

These policies and guidelines are designed to protect the safety and well-being of all Dayhab members and staff and are subject to change according to these needs. If changes are ever made, an updated copy will be distributed to all members/guardians for signatures. If you have questions or concerns, please do not hesitate to speak to Dayhab staff.

Individual Name_____

Guaridian Name_____

Signature_____

Date_____

Notes:_____

_____

_____

_____

_____

_____

_____

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