



FOR OFFICE USE ONLY	
Participant Name:	_____
Participant ID #:	_____
Date of Application:	_____
Intake Date:	_____
Regional Center Authorization #:	_____
Regional Center:	_____
Service Coordinator:	_____
Phone:	_____ Fax: _____

**APPLICATION FOR ADULT AND CHILDREN PROGRAMS**

Center: \_\_\_\_\_ Program (s): \_\_\_\_\_

Last Name	First	Middle	Nick Name
Gender	Age		Birth Date
Street	City	Zip Code	Home Phone #

**Legal Status** (check all that apply)

- |                       |   |                             |
|-----------------------|---|-----------------------------|
| Minor(Under 18 years) | conserved adult(Attach copy of conservatorship) | living legal guardian       |
| Adult(Over 18 years)  | other   | living with natural parents |

Father's Name	Work Address	Work #
E-mail	Pager	Cell #
Street	City	Zip Code
Home Phone #		
Mother's Name	Work Address	Work #
E-mail	Pager	Cell #
Street	City	Zip Code
Home Phone #		

Parent/Guardian Address if different from above:

With whom does participant reside: \_\_\_\_\_  
 (Relationship to participant)

Participant: \_\_\_\_\_

**TWO PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY**

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Relationship

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Address Relationship

**PARTICIPANT'S INFORMATION**

\_\_\_\_\_  
Participant's Primary Disability Participant's Secondary Disability

\_\_\_\_\_  
Name of School Attending (or other programs) Teacher's Name Phone #

\_\_\_\_\_  
Person who referred participant (Agency, School, etc., Affiliation.)

Registered with a Regional Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Regional Center Case Manager Phone Extension

Please list any other service agencies where participant is receiving or has received services.

\_\_\_\_\_  
What services were received? i.e. behavior intervention, etc.

\_\_\_\_\_  
Describe plan for transportation to and from our Center: \_\_\_\_\_

Transportation Company: \_\_\_\_\_ : Contact Person: \_\_\_\_\_

Transportation Company Phone #: \_\_\_\_\_

Participant: \_\_\_\_\_

Does the participant have frequent colds? \_\_\_\_ Yes \_\_\_\_ No. If yes, what care procedures are given?

\_\_\_\_\_

Please list any adaptive/technological equipment that your child will use.

\_\_\_\_\_

Does the participant have any unusual medical precautions that we should be aware of? (i.e. shunts, catheters, tubes.)

\_\_\_\_\_

Please assess your child's functional age (i.e., some people may be 10 but function at 4 years of age.)

\_\_\_\_\_

Are there other developmental problems we should know about?

\_\_\_\_\_

### **DAILY LIVING SKILLS**

#### **Toileting:**

Is the participant self-sufficient? \_\_\_\_\_

If not, or needs assistance, please address following areas:

Wears diapers: \_\_\_\_\_  
(Parents need to supply)

Bladder control: \_\_\_\_\_

Bowel control: \_\_\_\_\_

Feminine hygiene needs: \_\_\_\_\_

Other: \_\_\_\_\_

#### **Feeding:**

Is the participant self-sufficient? \_\_\_\_\_

Does the participant use a spoon? \_\_\_\_\_

Does the participant use a fork? \_\_\_\_\_

Does the participant use a straw, sip cup? \_\_\_\_\_

Does the participant have tongue thrust? \_\_\_\_\_

Does the participant need special food (i.e., diced, blended.) Describe. \_\_\_\_\_

Any special dietary restrictions? \_\_\_\_\_

Other: \_\_\_\_\_

**Dressing:**

Is the client self-sufficient? \_\_\_\_\_  
Please describe any assistance needed. \_\_\_\_\_

**EMOTIONAL HISTORY**

Describe the participant's personality:

\_\_\_\_\_  
\_\_\_\_\_

What makes the participant angry? How does the participant show his/her anger? What makes the participant happy?

\_\_\_\_\_  
\_\_\_\_\_

Are there any stresses of family problems, moving, school issues, illness which may be affecting the participant?

\_\_\_\_\_  
\_\_\_\_\_

Describe any behavior, which are a concern.

\_\_\_\_\_  
\_\_\_\_\_

In order to best serve the participant at AbilityFirst is there any information about your family history that you could share with us; a painful experience or other event which you think we should be aware of in order to make us more sensitive to the participant's needs (i.e. hospitalization, separation, deaths in the family.)

\_\_\_\_\_  
\_\_\_\_\_

Does the participant experience any specific fears? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Does participant have unusual sleep patterns? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY STATUS**

**Parents:**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
Extended Family \_\_\_\_\_ Other \_\_\_\_\_ Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Father's /Guardian's Occupation: \_\_\_\_\_

Mother's /Guardian's Occupation: \_\_\_\_\_

Participant: \_\_\_\_\_

**Siblings of participant:**

Name/Gender      Date of Birth

\_\_\_\_\_

How does the participant relate to siblings?

\_\_\_\_\_

List other members of household and relationships. Is there any other care givers in the participant's life?

\_\_\_\_\_

Language spoken at home? \_\_\_\_\_

Is the participant adopted? \_\_\_\_\_ Age of adoption \_\_\_\_\_

Does the participant know he/she is adopted? \_\_\_\_\_

**SOCIAL DEVELOPMENT**

What activities does the participant enjoy? \_\_\_\_\_

Does the participant prefer to play by him/her-self or with others? \_\_\_\_\_

Does the participant tend to share items? \_\_\_\_\_

What kind of group experiences has the participant had? (Camps, churches etc.)

\_\_\_\_\_

Does the participant tend to react to some situations by running away? If so please describe:

\_\_\_\_\_

Has the participant ever exhibited behavior, which would be injurious to him/herself or others? If so please describe:

\_\_\_\_\_

With who does the participant usually socialize?

\_\_\_\_\_

Is it difficult for the participant to separate from parents or primary care givers?

\_\_\_\_\_

**COMMUNICATION SKILLS**

Does the participant understand/comprehend what is told to him/her? \_\_\_\_ Yes \_\_\_\_ No

Does the participant express needs? \_\_\_\_ Yes \_\_\_\_ No

Does the participant have good listening skills? \_\_\_\_ Yes \_\_\_\_ No

Does the participant follow directions? \_\_\_\_ Yes \_\_\_\_ No

How does the participant communicate (verbal, sign language, etc.) \_\_\_\_\_

\_\_\_\_\_

Participant: \_\_\_\_\_

Describe other comments re: participant's communication skills. \_\_\_\_\_

Additional information or special instructions for participant (religious, cultural, social consideration) \_\_\_\_\_

**Only Persons Listed Below will be permitted to leave the facility with the participant. Designated persons must present California Driver's License or other valid identification upon request.**

Name of persons authorized to take participant from the facility.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone #

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone #

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Phone #

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\* Please Note: If the consumer is over the age of 18 and is not conserved, he/ she must sign this and all other forms. If a consumer is conserved a copy of the conservatorship must be attached to this form.**

The following information is requested for statistical and grants purposes only. YOUR RESPONSE IS CONFIDENTIAL AND OPTIONAL.

**ETHNICITY:**

- African American
- American Indian
- Latino
- White
- Other: \_\_\_\_\_

**ANNUAL INCOME:**

- Under \$15,000
- \$15,000-\$25,000
- \$25,001-\$35,000
- \$35,001-\$45,000
- Over \$45,000