OPEN DOORS for MULTICULTURAL FAMILIES

Name of Individual who is Filling Out this Form:_____

Date:

## Participant Information

Name: _____ Birth Date:_____

Address:_____

City: _____State: _____Zip: _____

Age: _____years Height: _____ Weight: _____pounds

Home Phone: _____ Work Phone:_____

Cell Phone: _____ Email: _____

Best phone number for medical and/or transportation concerns:_____

Gender: Female Male Legal Guardian: _____

Living Arrangement:_____

Disability/Diagnosis:

_____

Date of Diagnosis/Injury: _____month _____year

Ethnicity: Asian American, Hispanic, Native American, Caucasian, Other_____

_____

## Registration/Scheduling Contact

Name: _____

Relationship to Participant: _____

Address:_____

City: _____ State:_____ Zip:_____

Home Phone: _____ Work Phone: _____

Cell Phone: _____Email:_____

## Transportation to Tavon Learning Center

Parent/caregiver____ Access_____

Who is authorized to pick up participants?

_____

## Medical Emergency Information

Hospital of Choice_____

Primary Physician: _____

Phone: _____

Primary Insurance: _____

Policy #: _____

Secondary Insurance: _____

Policy #:_____

_____

## Experience

Have you ever participated in a similar program? Yes No Where?

_____

What type of work or volunteering are you currently doing or have you done in the past?

_____

## Communication

***Please check all that apply and provide details.***

Completely Verbal:_____

Limited Verbal:_____

Understands 2-step directions: _____

Understands spoken words:_____

Reading Ability:_____

Sign Language:_____

Gestures:_____

Pictures:_____

Communication Device: _____

Other:_____

Describe any communication suggestions or modifications to be aware of:

## Mobility

**Do you have a mobility challenge**? Yes No

***If yes, please check all that apply:***

Balance | Dexterity | Use crutches

Coordination | Visual Impairment | Use Manual Wheelchair

Endurance/Fatigue | Spinal Cord Injury | Use Power Wheelchair

Hemiplegia | Use Cane | Use Walker

Other:

_____

***Wheelchair users only:***

**How often do you use your chair?**

- ❏ Always Only when fatigued
- ❏ Only when outside
- ❏ Only away from home
- ❏ Do you operate the wheelchair independently? Yes No

Do you need assistance with transfers? Yes No (If yes, please select from the following)

Minimal Assist Moderate Assist Always

Weight shifts? Yes No How often? _____ Assistance/Props: _____ Please share any other mobility concerns:

## Toileting

**Toileting**: Independent Partial Assist Total Assist

**Bladder needs:** Incontinent Needs reminders Needs to go very often

**Toileting Schedule:** _____

**Other**: _____

## Dietary/Eating

**Dietary Needs:**

None Vegetarian Diabetic Gluten Free ___ Casein Free ___ Thick Liquids Tube

Other Restrictions (such as fluid): _____

History of Choking? Yes No *If **yes**, please explain:* _____

Food Allergies? Yes No *If **yes**, please list:* _____

**Do you need assistance with eating**? None Partial Assist Total Assist

*Please explain:* _____

**What do you use at hom**e? (special bibs, cups, utensils, plates): _____

## Health

**Do you have any health concerns you would like us to know about?** Yes No

*If **yes**, please explain:*

_____

_____

_____

**Please list any medications that you are currently taking, including over-the-counter medications:**

_____

**Please list all allergies, including food or medications:**

_____

Chronic or existing medical conditions (asthma, seizures, diabetes, etc.)

_____

_____

_____

**Do you have a seizure disorder**? Yes No

If yes, what is the specific type of seizure? _____

How frequently do you have seizures? _____

What is the current status of your seizure disorder? Active Controlled Describe your seizure.

Do you have any warning? What is the after effect of the seizure?

_____

Describe specific care required in the event of a seizure and recovery time:

_____

_____

**Interests**

***Please check*** any boxes that apply

Use the additional space to provide details on **specific likes and dislikes:**

| Category | Likes | Dislikes |
|---|---|---|
| ❑ Gardening | | |
| ❑ Outdoors | | |
| ❑ Animals | | |
| ❑ Cooking | | |
| ❑ Exercise | | |
| ❑ Sports | | |
| ❑ Swimming | | |
| ❑ Yoga | | |
| ❑ Art | | |
| ❑ Community Outings | | |
| ❑ Movies | | |
| ❑ Music | | |
| ❑ Instrument(s) | | |
| ❑ Singing | | |
| ❑ Reading | | |
| ❑ Independent Living | | |
| ❑ Other | | |

## Behavior

**What challenging behaviors do you have**

*(check all that apply and describe what the behaviors look like – the more detail, the better)*:

**Tantrums (*example of behavior, such as: high pitched voice, crying*):**

_____

**Physical aggression (*example of behavior, such as: strikes, bites, tears clothes of others*):**

_____

**Verbal aggression (*example of behavior, such as: yelling or swearing at others*):**

_____

**Property destruction (*example: attempting or breaking furniture, putting holes in walls*):**

_____

**Elopement (*example of behavior, such as: running away from buildings*):**

_____

**Self-Injurious behavior (*example of behavior, such as: pinching, biting or hitting self*):**

_____

**Other behavior(s) not listed above: _____**

**What are some things or situations that could trigger a behavior?**

_____

_____

_____

_____

**What are the underlying reasons why the challenging behavior(s) occur**

**(for example: to escape/avoid, attention seeking, seeking access to material, sensory stimulation, etc)?**

_____

_____

_____

_____

**If a behavior happens, what can we do to help?**

_____

_____

_____

_____

**What can you do to cope when you are triggered?**

_____

_____

_____

**Does the participant have an IEP or Behavior Plan?** YES___ NO____ ***If yes,*** please include it with this application.

**Fill out the following on how to work best with you:**

| DO | DO NOT |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**Goals**

**What are your current goals?**

1. _____
2. _____
3. _____

**What would you hope to see as an outcome from attending Open Doors for Multicultural Families?**

_____

_____

**Please call the OPEN DOORS FOR MULTICULTURAL FAMILIES with any questions: 253 886 0867**
**Email this form to: eugenec@multiculturalfamilies.org**
*Please attach any additional applicable paperwork (i.e. ISP, IEP, care plans, etc.) with the submission of your intake form.*