



2018 Participant Information Full Form

Please fill out & return with your Class Registration, Consent, and Code of Conduct Forms

Applicant Name: _____ M___ F___ Age_____ Birthday _____
Phone Number: _____ Email Address: _____
How do you prefer to be contacted? () Phone () Email
Mailing Address: _____
City: _____ Zip Code: _____

What transportation will be used to attend classes?

() Drive self () Family () City Bus () Clallam Connect (Formerly Paratransit)

Where does the applicant live?

() Alone
() With roommate(s)
() With family (please provide names and relationships)

() With a care provider (please provide names)

() Supported Living Agency (Please provide agency information)

Name: _____
Director/Lead staff: _____
Phone: _____
Email: _____

Custody status:

() Minor
() Independent
() Guardian (Please provide name): _____

Emergency Contacts (Two emergency contacts required):

In the event of an emergency, please contact:

Relationship to participant: _____
Phone #1: _____ Phone #2: _____
Secondary emergency contact:

Relationship to participant: _____
Phone #1: _____ Phone #2: _____

Do you have a Protective Payee? () No () Yes (If yes, please provide the following information)

Name: _____
Relationship to participant: _____
Phone number: _____
Email address: _____

Do you receive DDA Services? () Yes () No (If yes please provide the following information)

DDA Case Manager's name: _____

DDA Case Manager's phone number: _____

DDA Case Manager's email address: _____

Health & Emergency Information

Physician name: _____ Phone Number: _____

Diagnosis: (please specify) _____

Do you have allergies? () Yes () No

Food allergies (please list): _____

Medication allergies (please list): _____

Other (please list): _____

Are your immunizations current? () Yes () No

Check if applicable:

() Asthma

() Type 1 Diabetes

() Hearing Deficit () Uses Hearing Aides

() Heart Defects

() Seizure Disorder

Types of Seizures:

() Grand Mal date/length of last one _____

() Petite Mal date/length of last one _____

() Bleeding/Clotting Disorder

() Type 2 Diabetes

() Frequent Urinary Tract Infections

() Pulmonary Problems

() Ambulation difficulties

() Clinical Obesity

() Mental Health Diagnosis _____

() Other: _____

Additional Information

It is important to note that Clallam Mosaic staff and volunteers are not trained to support members with using the bathroom, feeding, administering medications or intervening during escalated, violent or aggressive behavior. If members need assistance in any of these areas, they must attend programs with a qualified care staff or family member.

Are you able to use the bathroom independently? () Yes () No

Comments: _____

Are you able to eat/drink independently? () Yes () No

Comments: _____

If you need medications during programs, are you able to take them independently? () Yes () No

Comments: _____

Have you had any previous history of violent or aggressive behavior? () Yes () No

Comments: _____

Are there any specific supports you will need from staff in programs? () Yes () No

Comments:

How can we best encourage you to participate in programs?

If you are in a bad mood or having a bad day, what would you like us to do?

Optional Information

Have you participated in any other Day Programs before? If so, how is Clallam Mosaic different?

What new activities would you like to try in classes?

If you got to be the teacher for a day, what would you have your class do?

What are some goals you would like to accomplish here at Clallam Mosaic this year?

Again, the following questions are optional, please only answer if you feel comfortable. If provided, Clallam Mosaic may use this information anonymously to apply for grants.

How long have you been out of school? _____

What is your ethnicity? _____

Does the applicant live above or below the federal poverty line? () Above () Below

(A person is considered to live below the line of poverty if their household income is lower than \$12,000 for a household of one person, \$16,000 for two people, \$20,000 for three people, \$25,000 for four people, and \$29,000 for five people)