2019 Participant Information Full Form

Please fill out and return with your class Registration & Consent Forms

Applicant Name: _____ ☐M ☐F Birthday: _____

Phone #: _____ Email: _____

Number to contact you at in case of closure: _____

Mailing address: _____ City: _____ Zip: _____

What transportation will be used to attend classes? (check all that apply)

☐ 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):

Emergency contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

2nd Emergency contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

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

Name: _____ Relationship: _____

Phone: _____ Email: _____

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

DDA Case Manager: _____

Phone #: _____ Email: _____

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

The following questions are optional, please only answer if you are comfortable with doing so.

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

What new activities would you like to try in classes?

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

Poverty line: $12,060 for a household of one person, $16,240 for two people, $20,420 for three people, $24,600 for four people, and $28,780 for five people