

Date Received: _____

Application Complete: _____

Pathways for People Day Program Application

Personal Information (please print)

Name:	
Date of Birth:	
Sex:	
Address:	
Do you live (please circle one):	Alone With Family In a Group Home Other
If Other, please specify living arrangement:	
Telephone (Home):	
Telephone (Cell):	
Email Address:	
County of Residence:	
Payment (please circle one):	CAP Private Pay
Date/Place of most recent evaluation:	

Legal Information

Are you your own guardian (Please circle one):	Yes No
Name of Legal Guardian:	
Address:	
City, State & Zip code:	
Telephone (Home):	
Telephone (Cell):	
Telephone (Work):	
Email Address:	

Contact Information

Contact Person: (If different from guardian)	
Relationship:	
Telephone (Day):	
Telephone (Night):	
Email Address:	

Emergency Contact Information (in case we can't get in touch with legal guardian or contact)

Emergency Contact:	
Relationship:	
Telephone (Home):	
Telephone (Cell):	
Telephone (Work):	
Email Address:	

Disabilities	Mild	Moderate	Severe/Profound
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Schedule

The PFP Day Program schedule is from Monday through Friday from 9:15am – 3:15pm. Participants should arrive by 9:00am so they can have time to settle in. They can arrive or be dropped off as early as 8:45am and are responsible for their own transportation. Individuals may attend the program for the full day or choose to come from 9am – 12:30pm or from 11:45am – 3:15pm. If you are only interested in attending one class or enrolling for a particular week(s), please contact us about availability. PFP will make every attempt to accommodate schedule preferences but may not be able to meet all schedule requests. If you are using CAP funds to attend the day program, PFP must be your service provider during participation due to Medicaid and Workers Compensation rules. Your case manager can assist you with updating your plan. Please contact us if you have any questions.

1. Describe your reason for applying to this program?

2. Briefly describe what you expect from the applicant's participant in this program?

3. What are your long-range goals for the applicant?

4. Describe the applicant's current living situation in terms of whom he/she lives with, type of duration of a residential program/ALF, if any, and the strengths and weaknesses of the current situation.

5. Would you like to attend Pathways for People's day program (please circle one)

Full Time

Part Time

6. If part time, please circle the days and times that you want to attend:

Monday	Full Day	9:00am – 12:30pm	11:45am – 3:15pm
Tuesday	Full Day	9:00am – 12:30pm	11:45am – 3:15pm
Wednesday	Full Day	9:00am – 12:30pm	11:45am – 3:15pm
Thursday	Full Day	9:00am – 12:30pm	11:45am – 3:15pm
Friday	Full Day	9:00am – 12:30pm	11:45am – 3:15pm

7. Is there a specific week(s) or time frame that you wanted to participate in the day program?

8. Will you require a one on one worker while at the day program? Yes No

9. If yes, do you have a one on one worker who you would like to bring with you? Yes No

10. Name & phone number and/or email of one on one worker:

* All staff must be hired as an employee of Pathways for People, Inc. and meet the necessary criteria for working for our agency.

11. Do you have reliable transportation that can get you to and from the day program?

Yes No

12. Are you interested in our weekend respite events? Yes No

Interests, Recreation, Skills, & Employment

1. What types of activities/courses most interest you?

- | | | |
|------------------------|-----------------------|---------------------|
| _____ Music | _____ Visual art | _____ Photography |
| _____ Dance | _____ Computer skills | _____ Yoga |
| _____ Money skills | _____ Functional Math | _____ Reading |
| _____ Community Living | _____ Jewelry making | _____ Social skills |

2. Are there additional interests you would like to see addressed at your day program?

3. What types of daily living skills would you like to address?

4. Are you able to use a computer (please circle one)? Yes No

5. If yes, what types of computer skills would you like to learn or work on?

6. What types of activities do you like to do in your free time?

- | | | |
|---|--|---|
| <input type="checkbox"/> Spend time with family | <input type="checkbox"/> Spend time with friends | <input type="checkbox"/> Spend time alone |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Play Music | <input type="checkbox"/> Sing |
| <input type="checkbox"/> Watch/go to movies | <input type="checkbox"/> Watch TV | <input type="checkbox"/> Read |
| <input type="checkbox"/> Go to Concerts | <input type="checkbox"/> Go on dates | <input type="checkbox"/> Attend Dances |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Go out to eat | <input type="checkbox"/> Play sports |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Go for walks | <input type="checkbox"/> Go to Church |
| <input type="checkbox"/> Use computer | <input type="checkbox"/> Paint/draw | <input type="checkbox"/> Make crafts |

7. Other activities you like to do in your free time?

Applicant information: Skills and Behaviors

Communication Skills (please check all that apply)

How does applicant get his/her message across to others?

- uses complete sentences
- uses 2-3 word phrases
- uses single words
- uses vocalizations, sounds
- uses signs
- uses gestures, points
- takes you to what he/she wants
- cries/tantrums
- uses special system (ex: pictures, word cards, etc...)

Comments:

How does applicant understand what is said to him/her?

- understands complete sentences
- understands 2-3 word phrases
- understands single words
- understands signs
- understands gestures, points
- understands special system (ex: pictures, word cards, etc...)

Comments:

Vocational Skills (please check all that apply)

Check all the items that describe the applicant's current vocational skills and behaviors

- | | |
|--|---|
| <input type="checkbox"/> sorts | <input type="checkbox"/> stays on task for 30 minutes or more |
| <input type="checkbox"/> reads | <input type="checkbox"/> stays on task for 5 minutes |
| <input type="checkbox"/> writes | <input type="checkbox"/> works in group setting |
| <input type="checkbox"/> counts | <input type="checkbox"/> follows directions |
| <input type="checkbox"/> performs multi-step tasks | <input type="checkbox"/> requests help when needed |

Comments:

Self-Help Skills (please check all that apply)

Meals/Eating:

- Can use fork spoon knife can drink from cup Eats independently
- Can chew and swallow independently is a picky eater
- Has appropriate table manners displays inappropriate table manners

Comments:

Toileting (please check all that apply)

- independent
- requires particular assistance
- requires supervision
- needs toilet breaks on schedule, how frequently _____

Comments:

Supervision (please check one)

- can function independently in group setting
- can function independently in group setting for short periods of time
- can function in group setting with one on one supervision

Are there other tasks that you need assistance with that we need to be aware of?

Employment

1. Have you ever worked (please circle one)? Yes No

Place of Employment: _____

Date/Length of Employment: _____

Tasks performed:

Place of Employment: _____

Date/Length of Employment: _____

Tasks performed:

Medical

1. Do you take any medications? _____
2. If yes, do you take your medications independently? _____
3. Will you need to take medications while at the day program? _____
4. If yes, will you need assistance taking your medications at the day program? _____
5. Do you have any physical limitations that we should be aware of?

6. Do you have any allergies? _____ Yes _____ No

7. What are you allergic to? If so, what type of reactions/symptoms should staff look for?

I certify that all statements made in this application and on any attachments included are true and complete to the best of my knowledge. I understand that any false statement(s) of material facts or omissions may subject me to disqualification or dismissal.

Print Name: _____

Signature: _____

Date: _____