

Date Received: \_\_\_\_\_

Application Complete: \_\_\_\_\_

# Pathways for People Day Program Application

## Personal Information (please print)

Name:	
Date of Birth:	
Address:	
City, State & Zip code:	
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

## 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:	

## 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 – 12:15pm or from 12 – 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. Would you like to attend Pathways for People's day program (please circle one)

Full Time

Part Time

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

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

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

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

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

11. Name & phone number of one on one worker:

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

Yes            No

13. 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?

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

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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?

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

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

Other activities you like to do in your free time?

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7. Indicate the level of assistance needed by circling the correct response:

**1. I can do myself**

**2. I need to be reminded**

**3. I need help**

Toileting

1 2 3

Household Chores

1 2 3

Laundry

1 2 3

Taking Medications

1 2 3

Grooming/hygiene

1 2 3

Grocery Shopping

1 2 3

Dressing

1 2 3

Simple Meal Prep

1 2 3

Leisure Activities

1 2 3

Bathing

1 2 3

Manage My Money

1 2 3

Job/Daily Activities

1 2 3

Transportation

1 2 3

Eating/drinking

1 2 3

Communication/Socialization

1 2 3

Other

1 2 3

If other, please explain: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Date/Length of Employment: \_\_\_\_\_

Tasks performed:

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Place of Employment: \_\_\_\_\_

Date/Length of Employment: \_\_\_\_\_





8. Do you have any physical limitations that we should be aware of?

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8. Do you have any allergies? \_\_\_\_\_ Yes      \_\_\_\_\_ No

9. What are you allergic to?

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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: \_\_\_\_\_