



INTAKE QUESTIONNAIRE

Explore ADL Support Day Services strives to assist individuals with their various personal goals, and increase their community opportunities; therefore, it is imperative that you help as much as possible with the completion of this form. Please forward a copy of the completed questionnaire, by email to:

exploreadl@trustedparents.org, or by mailing to Explore ADL c/o Trusted Parents P.O. Box 480688, Charlotte NC 28269

Part 1: Introduction

Today's Date: _____
(dd/mm/yyyy)

Applicants Name: _____

Address: _____

Phone #: (_____) _____ - _____ Home Cell Work

Additional #: (_____) _____ - _____ Home Cell Work

Email: _____

Date of Birth: _____
(dd/mm/yyyy)

Reason for Day Program Placement? _____

Name of Person(s) Completing Questionnaire: _____

Relationship to Applicant: _____

Do you Have Legal Guardianship: Yes No

Address of Person Completing Questionnaire: _____

Phone # of Person Completing Questionnaire: (_____) _____ - _____ Home Cell Work

Additional # of Person Completing Questionnaire: (_____) _____ - _____ Home Cell Work

FOR OFFICE USE ONLY

Start Date: _____ # Of Days Attending: _____
(dd/mm/yyyy)

Days Attending: _____

Part 2: Medical Information

Diagnosis (e.g., Cerebral Palsy, Autism, Downs Syndrome): _____

Describe the applicant's medical condition and any medical concerns you may have that the program would need to be aware of (e.g., high blood pressure, diabetes, asthma): _____

Please list all medications with dosage currently being used, and when they are given to the applicant:

Does the applicant have seizures? Yes No History of Seizures

If yes, please describe: _____

Does the applicant have allergies? Yes No

If yes, please describe: _____

Does the applicant have a shunt? Yes No

If yes, please describe: _____

Part 3: Functional Status

Vision

Does the applicant have any vision impairments? Yes No

If yes, please describe: _____

Hearing

Does the applicant have any hearing impairments? Yes No

If yes, please describe: _____

Seating & Mobility

Does the applicant have any mobility devices? Yes No

If yes, please describe: _____

Personal Care

Does the applicant need support with personal care? Yes No

If yes, please describe: _____

Meal Intake

Does the applicant need support to their meals? Yes No

If yes, please describe (e.g., full assistance, prompts): _____

Functional Movement

Please describe the applicant's movement (excellent, good, okay, and identify any difficulties).

Hands: _____

Arms: _____

Feet: _____

Legs: _____

Head: _____

Eyes: _____

Communication

Please describe the applicant's current means of communication: _____

If the applicant uses a means of augmentative communication, please explain and describe the system:

How does the applicant communicate the following types of messages?

Signal emergency: _____

Request Attention: _____

In Groups: _____

Personal Care: _____

Hunger: _____



Happiness/Pleasure: _____

Anger/Displeasure: _____

Is the applicant currently being seen for communication/speech therapy? Yes No

If yes, please describe the service, frequency, and organization used:

Please describe the following about the applicant:

Attention & Behavior: _____

Attention Span: _____

Approach to Task: _____

Level of Frustration: _____

Motivation: _____

Level of Independence: _____

Inappropriate Behaviors: _____

Part 4: Support & Activities

Who is in the applicants current support network? _____

Is the applicant presently receiving case management services? Yes No

If yes, by who – please list contact name, address, and phone number:

What activities is the applicant currently involved in? Please list recreational & social activities:

What are the applicant's hobbies and interests? _____

Describe any life skills related to tasks that the applicant is involved in: _____

What does the applicant hope to achieve by attending Explore ADL? Are there specific areas the applicant would like to develop? _____

What can we do to facilitate their learning?: _____



Please check off the greatest areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Mathematics (money) |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Reading/Writing |
| <input type="checkbox"/> Computers/ iPad | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Sensory Development |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Other (please specify) |

If other: _____

Please specify the hours and days the applicant would like to attend Explore ADL:

- Monday
- Tuesday
- Wednesday
- Thursday

Part 5: Transportation

Explore ADL will not provide transportation to or from our programs at this time but hope to resume doing so in the future. Transportation scheduling and any related fees (gas or STS fare, or private transportation, etc.) is the responsibility of the individual and/or their support network (parent/guardian). All drop offs must be between 8:45 & 9:00am and pick-ups between 3:45 & 4:00pm.

Will the applicant use CATS STS (Special Transportation Services)? Yes No

If no, how will the applicant travel to and from Explore ADL? _____

Please feel free to add any pertinent information that you feel we may require.

Thank you for TRUSTING your young adult with us!