____ **New Family** **Date: ____ / ____ / ____**

____ **Updated Family Profile**

# Family with Special Accommodation Needs In-Take Form

**Contact: Cat Gaffney**

**Email: cat@discoverychurchhickory.com**

**Phone: 828-855-2200**

**Name of Applicant:** ______________________________ **Birthdate:** ____ /____ /______ **Sex**: ☐M ☐F

Father's Name: ______________________ Cell Phone: ____ / ____ / _____ Email: ________________

Mother's Name: ______________________ Cell Phone: ____ / ____ / _____ Email: ________________

If Caretaker, relationship to Applicant: ____________________ Language Spoken at home: __________

Address: ____________________________ City: ____________________ State: ___ Zip: ________

Phone: Home: ____ - ____ - _____ Work (father): ____ - ____ - _____ Work (mother): ____ - ____ - _____

Emergency contact (1 person who is familiar with habits and conditions)

Name: ___________________ Phone: ____ - ____ - ______ Relationship: ___________________

**MEDICAL AND FUNTIONAL HISTORY**

Applicant's Primary Disability: ______________________________________________

Current medications: ☐None Type: ____________________________________________

Medication Side Effects: ________________________________________

Vision: ☐ Glasses ☐Contacts Vision corrected with these aids: ☐Yes ☐No

Seizures: ☐None ☐Controlled ☐Uncontrolled Frequency: ___________________________

If seizures occur, please describe: _____________________________________________

Respiratory problems: ☐ None ☐Asthma Other: ____________________

Heart problems: ☐No ☐Yes Type: ___________________

Need one-on-one assistance: ☐No ☐Yes For what activities: ___________________________

Any other medical concern: __________________________________________________

**Speech and Cognition**

**This applicant communicates in the following ways:**

☐Non-verbal but vocalizes ☐Says words ☐Talks in sentences but may be hard to understand

☐Talks in sentences and is easy to understand ☐Uses a communication board

☐Uses a computers-assisted device

Hearing problems: ☐None ☐Uses a hearing aid ☐Uses sign language ☐Cochlear implant

**Following directions**

☐Is unable to follow directions ☐ Follows simple one-step directions ☐ Follows two-step directions

☐Has no difficulty following directions Other: ______________________________________

Does the applicant read? ☐No ☐Yes What level? ________________

Does the applicant write? ☐No ☐Yes What level? ________________

Applicant's most recent school placement: _______________________

Sensory Issues:☐ Yes ☐ No Please Explain: ________________________________________

**Mobility**

☐Walks independently ☐Uses a wheelchair ☐Uses braces

☐Uses a different assistive device Type of device: ________________________________________

☐Falls on occasion Under what circumstances: ________________________________

List any special positioning needs or mobility issues:

______________________________________________________________________________

**Nutrition**

Food Allergies: ☐No ☐Yes Type: ________________________________________________________________

Special Food Issues: ☐Liquid diet ☐Soft diet

Difficulty swallowing: ☐No ☐Yes ☐Food needs to be cut up ☐Tendency to choke

☐NPO (Nothing by mouth)

Other dietary restrictions:

______________________________________________________________________________

Food preferences:

☐Animal Crackers ☐Goldfish ☐Fruit Snacks

☐ Annie's Snickerdoodle gluten/dairy/peanut free bunny cookies

**Activities of Daily Living**

Toileting: ☐Independent ☐Wears diapers/pull-ups

☐Requires assistance Type: ______________________________________

Eating: ☐Feeds self ☐Requires assistance Type: ______________________________________

**Social/Behavioral Issues**

Behavioral Tendencies: ☐Temper tantrums ☐ Running away ☐Yelling ☐Biting ☐Aggression

☐Hitting ☐Refuses to follow directions ☐ Pushing ☐Aversion to touch

Other: ____________________________________________________________________

How do you handle this/these behaviors?

______________________________________________________________________________

______________________________________________________________________________

What things or activities does the applicant like? _____________________________________________________

What things or activities does the applicant dislike? __________________________________________________

Any special fears? ______________________________________________________________________

Any hobbies or talents? __________________________________________________________________

We should contact you if: _________________________________________________________________

Please provide any other information you feel is pertinent: ______________________________________________

**Person completing this form: ________________________ Relationship to Participant: ___________________**

Please sign below giving your consent for emergency medical treatment if we are unable to contact you.

**Parent/Caregiver Signature: __________________________________________________ Date: ___/___/ _____**