



GRACE FOUNDATION DAY HABILITATION REGISTRATION FORM

Participant Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

TABS#: _____ Medicaid#: _____ Social Security#: _____

Full Address: _____ Zip: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Participant _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Parent/Guardian Name: _____ Relationship to Participant _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Emergency Contacts:

Please list below persons, not yourself, who can be called if we are unable to contact you.

Name	Relation to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name

Signature

Date



GRACE FOUNDATION ALERTS

Name: _____

Mental Health: Include Diagnosis, Medications, Behavior Plans, Substance Abuse, Suicidal Ideation, Behavioral Concerns and other relevant information, triggers

What makes your son/ daughter upset/ walk away from the task?

Allergies: (List any special procedures)

Fears or Aversions: (Indicate the best method to deal with the issue) _____

How is this best handled?

Behavioral issues: (Describe the behavior. When does this behavior generally occur? How is this behavior handled?)

Behavior description:

When does this behavior occur?:

How is it handled?:

Medical Alerts: (For Seizures, please indicate Seizure Protocol:

Please be as specific as possible. Attach a separate sheet as needed _____

Signature

Date



DAY HABILITATION INTAKE FORM

School/Other Programs:

Does your son/ daughter have Care Coordination? _____

If yes, please complete the following:

Care Coordination Agency: _____

Care Coordinator Name: _____

Care Coordinator Phone: _____

Care Coordinator Email: _____

Does your son/ daughter have Self Direction? _____

If yes, please continue the following:

Self-Direction Broker: _____ Broker Phone: _____

Broker Email: _____

Family Information:

Siblings: (Names & ages) _____

Pets: (type of pet & names) _____

Participant Information:

Does your son/daughter know they have ASD/DD? _____

Would you like staff to address the diagnosis during social groups? _____

1. Communication Skills: In what ways is your son / daughter able to communicate?

Please circle all that apply:

Has conversational language

Verbal – speaks in sentences

Verbal – one or two words

Communication Device

Other (explain): _____

Gestures/Points

Sign Language

Leads others to get what is wanted

Independently gets what they want

2. Has difficulty dealing with (ex: changes, transitions, the words “no”, seated activities, performing tasks, focus, etc.):

3. Please circle all that apply to your son/ daughter:

- | | |
|---|---------------------------------------|
| Has friends | Can read facial expressions(emotions) |
| Can identify why they are friends | Can read tone of voice (emotions) |
| Plays games with friends | Can read body language |
| Will ask friends questions | Will follow the conversation |
| Will respond to questions | Offers help |
| Can follow game rules | Knows when to take turns |
| Shows empathy | Can resolve a conflict |
| Talks to friends or peers <u>even when</u> there are adults in the room | |

4. Can your son/ daughter problem solve? _____

Please explain: _____

5. Can your son/ daughter share an idea? _____

Please explain: _____

6. Is your son/ daughter toilet trained? _____

How does your child communicate the need to use the bathroom?

7. Please explain any behaviors/ skills you would like addressed during programs:

8. Favorite foods/ drinks: _____

9. Favorite activities: _____

10. What activities do you think your son/ daughter would enjoy learning or doing?

11. Presenting areas of concern (include behavior, supports, mental health status, etc.):

12. Your son / daughters' strengths (hobbies, chores, work skills, etc.):

13. Your son / daughters' interests, dreams, future life goals:

14. Family history and Upbringing: Include any history of abuse, family structure and involvement:

I would like my son/daughter to participate in the following Programs (circle all that apply):

Adult Programs:

Day Habilitation Services

Community Prevocational Services (coming 2020)

Pathways to Employment (coming 2020)

SEMP (coming 2020)

_____ Print Name
Signature Date

*Program Descriptions and Schedules can be found on our website (graceofny.org). For information please reach out to the Day Habilitation Department at (718)983-3800 Ext.209.

Parent/Guardian Name: _____
(Please print)

Signature: _____ Date: _____

Please provide as much information as possible.
Feel free to contact Sandra Ortiz at 718-983-3800 with any questions.



PICK UP RELEASE FORM

Son/ daughter's Name: _____
Parent/Guardian Name: _____ Parent Contact Number: _____

I give permission for the following persons to pick up my son/daughter from the GRACE Foundation Programs:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following **DO NOT** have permission to pick up my son/daughter from the GRACE Foundation Programs:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

I understand that if the information above changes at any time, I must notify the GRACE office in writing as soon as possible.

Print Name Signature Date



VIDEO/PHOTO RELEASE

I give permission for my son/daughter _____ to be videotaped and/or photographed for materials/promotion of the GRACE Foundation within our agency and for use in print, social media, and all other forms of media.

Permission Granted: Yes No

Parent/Guardian (Please print)

Signature

Relation to child

Date



The GRACE Foundation: “Invitation to Serve”

The GRACE Foundation is growing we would like to invite you to serve our mission to provide quality, innovative, and distinctive programming to individuals impacted by Autism Spectrum Disorder (ASD). There are many opportunities throughout the year to volunteer and serve on committees that directly benefit your children and so many others. Our committees are in need of volunteers for fundraisers, special events, mailings, baskets, donation drives, and more. Your time and input would be invaluable and would provide you with a feeling of accomplishment, productivity, and belonging as a participant alongside your child or loved one. Imagine knowing that your efforts helped support and create programs that enhanced the quality of life for people with ASD.

We would like to thank you in advance for your willingness to serve, and truly grateful for the individuals and families we so proudly serve. The more volunteers working on committees, the more successful GRACE will be as an organization. Even if you can only offer a few hours of your time, your help will be sincerely appreciated. This is your organization, and you have an opportunity to influence the value of the services your child receives. If you would like to help the GRACE Foundation address our goals, please fill out the following. Your participation is vital to our growth and success.

Are you interested in participating in special events? _____

May we contact you about your participation in special events? _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

For more information about special events please contact Cathy DelPriore in Public Relations or visit our website (graceofny.org).



**Day Habilitation
To be answered by Candidate**

Participant Name: _____

Date: _____

1. The people who are most important to me are?

2. What are your dreams, interests, and preferences?

3. What are your strengths?

4. Can you make choices independently?

5. Are your choices based on experience?

6. What activities or places would you like to explore/experience?

7. Do you travel alone-crossing streets, using public transportation?

8. Do you need staff to support you when you need to travel in the community?

9. Would you like to volunteer in the community?

10. Do you need help with grooming and personal hygiene?

11. Do you have sensory issues that affect you negatively? (ex: loud sounds, crowds, touch, etc.)

12. Do you know that you have rights/ do you know what they are?

13. Do you have a guardian have a guardian? (if yes, request a copy for the file)

Additional Comments: (Optional)

Staff Signature: _____