



NORTH EAST WESTCHESTER SPECIAL RECREATION INC.

63 BRADHURST AVENUE, HAWTHORNE,

NY 10532

914-347-4409

FAX: 914-347-5054

Date \_\_\_\_\_

**PARTICIPANT INFORMATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SS# \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

Street/Box

Town

Zip

Municipality where you pay your Town/Village Taxes: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother

Father

Step Parent/Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Who is the applicant's legal guardian? \_\_\_\_\_

**Emergency Phone Numbers:**

(other than home number)

Relation

Daytime: # \_\_\_\_\_

Evening: # \_\_\_\_\_

Weekend #: \_\_\_\_\_

**Medical Insurance:**

How is the applicant and/or your family covered for medical/hospitalization?

Name of Company: \_\_\_\_\_

Policy or Claim #: \_\_\_\_\_

Mailing Address for Patient Claims: \_\_\_\_\_

**PARENT'S AUTHORIZATION**

*(Please do not cross out any portion of this authorization. This statement must be approved in its entirety).*

The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential.) I understand that photographs/ videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities.

We are continually assessing our programs and those who participate in them. When we conduct our initial intake, we will discuss with you the fact that we reserve the right to change placement as we deem appropriate; although we will discuss this with those involved, the final decision will be made by North East.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **PARTICIPANT INFORMATION**

### Psychosocial Considerations

#### Describe Communication Skills:

Verbal \_\_\_\_\_ Non-Verbal \_\_\_\_\_

Understands best with:

Verbal cue \_\_\_\_\_ Non-Verbal cue \_\_\_\_\_

Physical assistance \_\_\_\_\_ Other \_\_\_\_\_

#### Describe response to:

One:One interactions \_\_\_\_\_

Physical Contact \_\_\_\_\_

Group Situations \_\_\_\_\_

#### Describe:

Behavior when stressed or anxious \_\_\_\_\_

Behavior requiring special handling \_\_\_\_\_

Planning interventions/approaches \_\_\_\_\_

Any specific fears \_\_\_\_\_

Any recent important personal/family events that may affect client emotionally \_\_\_\_\_

### Health Considerations

#### Describe Any:

Allergies \_\_\_\_\_

Seizure History \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Visual Impairment \_\_\_\_\_

Hearing Impairment \_\_\_\_\_

Ambulatory Deficits \_\_\_\_\_

Other Physical Limitations \_\_\_\_\_

Please list Medications used:	Purpose
-------------------------------	---------

\_\_\_\_\_

\_\_\_\_\_

## **LEISURE INTEREST FINDER**

Check \_\_\_√\_\_\_ activities that are of special interest to the participant

#### Outdoor, Sports & Physical

- bowling
- gymnastics
- archery
- roller-skating
- walk
- horseback riding

#### Activities

- rock climbing
- basketball
- fishing
- gardening
- softball
- hockey

- billiard
- aerobic dance
- bike riding
- ice skating
- ping pong
- football

- swimming
- sleigh riding
- hiking
- skiing
- jog/run
- soccer

#### Social

- visit w/friends
- write letters
- attend parties
- volunteering
- attend community events

#### Creative/Expressive

- dance
- shopping
- eating out
- table games

- listening to music
- artcrafts
- cooking
- dramatics
- photography

- nature study
- singing
- a musical instrument
- writing poems/stories

#### Quiet Activities

- keep collections
- other activities \_\_\_\_\_

reading

sleeping/resting

T.V.

## **FAMILY INFORMATION**

So that we can better serve your son/daughter, please complete the following section.

### **Family Composition:**

1.) Are both parents living and at home \_\_\_ yes \_\_\_ no?

2.) If otherwise please relate current situation (i.e., parent deceased, divorce, guardianship, etc.)

\_\_\_\_\_

3.) Names & Ages of siblings living at home. \_\_\_\_\_

4.) Names & Ages of siblings living away from home. \_\_\_\_\_

5.) Disabilities/special needs of other family members in home. \_\_\_\_\_

6.) Other family members living in home \_\_\_\_\_

### **Employment:**

	Mother	Father	Step Parent/Other
Business:	_____	_____	_____
Address:	_____	_____	_____
Phone #:	_____	_____	_____
Position:	_____	_____	_____

### **Community Service Involvement:**

Please list organizations, clubs, boards, etc. on which you have served:

Organization	Role
_____	_____
_____	_____
_____	_____

### **Family Leisure Information:**

Please list activities that the family enjoys doing together:

\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in sharing your skills with North East? \_\_\_ Yes \_\_\_ No

If yes, please check:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> craft skills    | <input type="checkbox"/> music skills      | <input type="checkbox"/> group leadership |
| <input type="checkbox"/> business skills | <input type="checkbox"/> homemaking skills | <input type="checkbox"/> sport skills     |
| <input type="checkbox"/> other _____     |  |   |

Additional comments: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

### **Day Involvement:**

School/agency/workshop: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_