



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastpecialrec.org

Group Home Participant Information Form

(Must be updated every 3 years)

Participant Information				
Last Name		First Name		Nickname
Birthdate	Age	Sex	Primary Phone	
Group Home				
Address				
City		State		Zip
Residence & Sponsoring Agency				
Name of Residence				
Care Manager Name				Number of Residents
Name of Person Completing Form				Title
Primary Phone			Primary Email	
Address				
City		State		Zip
Emergency Contact 1				
Last Name		First Name		Relationship
Phone		Email		
Emergency Contact 2				
Last Name		First Name		Relationship
Phone		Email		



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Psychosocial Considerations

Communication:

- Verbal: _____
- Non-Verbal: _____
- Sign: _____
- PECS: _____
- Read/Write: _____
- Communication Device: _____
- Other: _____

Understands best with:

- Verbal: _____
- Non-Verbal Cues; Gestures: _____
- Reading: _____
- Pictures: _____
- Communication Device: _____
- Physical Assistance: _____
- Other: _____

Describe response to:

- One to One Interactions: _____
- Physical Contact: _____
- Group Situations: _____
- New Situations: _____
- Other: _____

Describe response to:

- Toileting: _____
- Dressing: _____
- Self-Feeding: _____
- Personal Grooming: _____
- Other: _____



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Behavior/General Disposition:

- | | | |
|--|---|--|
| <input type="checkbox"/> Generally Easygoing | <input type="checkbox"/> Unsure of New Situations | <input type="checkbox"/> Wanders |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Shy/Withdrawn |

Describe:

What is challenging for the adult or child? (ex. Loud noises, crowds, lack of structure): _____

What are some challenging behaviors we might encounter? _____

Under what circumstances do these behaviors typically occur? (ex. Hungry, tired, overwhelmed, too loud): _____

What strategies do you use to prevent or mitigate these behaviors? _____

Any specific fears? _____

What reinforcement strategies do you use with the adult or child? _____



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Health Considerations

Describe Any:

- Allergies: _____
- Epi-Pen: Yes No
- Seizure History: Grand Mal Petite Mal No History
- Dietary Restrictions: _____
- Visual Impairments: Blind Glasses N/A
- Hearing Impairments: Hearing Aids Deaf N/A
- Ambulatory Deficits: Wheelchair Walker N/A
- Other Physical Limitations: _____

Please List Medications Used and their purpose:

Emergency Procedure, in the event of an emergency we will make every attempt to follow the procedures and guidelines requested by your agency:

LEISURE INTEREST FINDER

(Please check all that are interesting to the adult or child)

Outdoor, Sports & Physical Activities

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Billiards | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Aerobic Dancing | <input type="checkbox"/> Sleigh Riding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Roller-Skating | <input type="checkbox"/> Gardening | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Softball | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Jog/Run |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |

Social, Creative & Expressive Activities

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Visit with Friends | <input type="checkbox"/> Dance | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Nature Study |
| <input type="checkbox"/> Write Letters | <input type="checkbox"/> Shopping | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Attend Parties | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Cooking | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Table Games | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Attend Community Events | | <input type="checkbox"/> Writing Poems/Stories | |



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Quiet Activities

- Keep Collections Reading Sleeping/Resting Watch T.V.
- Other Activities: _____

Day Involvement:

School/Agency/Workshop	
Address	
Contact Person	
Title	Phone

Specific Recreation Plans:

Goal	Objective	Plan

Additional Information regarding the adult or child: _____

Parent/Guardian Signature: _____ Date: _____