



### **AFTER Program Intake**

**Please print clearly. Make sure to sign the medical release on reverse.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_ F\_\_\_

Please Describe Disability: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ School or Day Program: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact Name 2: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Is the participant currently in an Arc of GHN Program (please circle)? YES NO

If yes, which program: (AFC, Shared Living, AWC, Peer Support Etc.) \_\_\_\_\_

Name of Arc of GHN Contact/Staff: \_\_\_\_\_

How did you hear about the AFTER Program? \_\_\_\_\_

#### **Activities of Daily Living:**

Communication: \_\_\_ Verbal \_\_\_ Verbal with adaptive equipment \_\_\_ Gestures \_\_\_ Sign Language \_\_\_ Communication board or book \_\_\_ Non-Verbal \_\_\_ Other, Comments: \_\_\_\_\_

Eating: \_\_\_ No Assist \_\_\_ Partial Assist \_\_\_ Total Assist, Comments: \_\_\_\_\_

Toileting: \_\_\_ No Assist \_\_\_ Partial Assist \_\_\_ Total Assist, Comments: \_\_\_\_\_

Mobility: \_\_\_ Independent \_\_\_ With Support \_\_\_ Equipment (specify) Comments: \_\_\_\_\_

Please describe any physical restrictions: \_\_\_\_\_

Significant behavior characteristics:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe strategies to promote positive behavior: \_\_\_\_\_  
\_\_\_\_\_

Safety awareness in community settings: \_\_\_\_\_

Will you be accompanied by a Personal Care Assistant or family member? Yes \_\_\_ No \_\_\_ If yes, please contact AFTER so we can make appropriate accommodations.

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#### **Medical Information and History**

Medical diagnoses and or conditions \_\_\_\_\_  
\_\_\_\_\_

What specific symptoms occur and how often \_\_\_\_\_  
How long symptoms/conditions last and how you care for them \_\_\_\_\_

Anything else we should know about you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of participant or guardian

\_\_\_\_\_  
Date