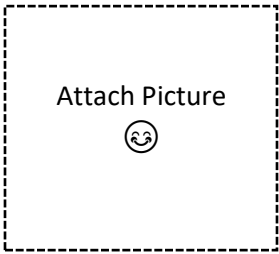




# AFTER Program Intake



**Please print clearly.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity: \_\_\_ Indigenous People \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Hispanic or Latino \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White/Caucasian \_\_\_ Other: \_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

School or Day Program: \_\_\_\_\_

Is the participant Department of Developmental Services (DDS) eligible? YES NO UNSURE

If yes, who is the service coordinator? \_\_\_\_\_

Is the participant currently in an Arc of GHN Program? YES NO UNSURE

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? \_\_\_\_\_

**Support Needs:**

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

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

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

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

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

Will the person be accompanied by a Personal Care Assistant or family member? YES NO

*If yes, please contact the AFTER Coordinator so we can make appropriate accommodations.*

**Medical Information and History:**

Allergies we should be aware of? \_\_\_\_\_

Medical conditions we should be aware of? \_\_\_\_\_

What specific symptoms occur and how often? \_\_\_\_\_

How long symptoms/conditions last and how do you care for them? \_\_\_\_\_

Anything else we should know?

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

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

\_\_\_\_\_  
**Date**