



Date: _____

Springfield JCC Adult Special Needs Intake Form

Name _____ H. Phone _____
Address _____ Birth Date ____/____/____ Age _____
City State Zip _____

Parent/Guardian Information

Parent/Provider Name _____ Birth Date ____/____/____
Cell Phone _____ Work Phone _____
Email _____
Parent/Provider Name _____
Cell Phone _____ Work Phone _____
Email _____

Emergency Information

Emergency contact _____
Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification _____
Dietary Restrictions/Food Allergies _____

Medication _____ Primary Physician _____

Phone: _____

Consent for Video/Pictures

I _____ give permission for my child _____ photo or video to be used for JCC media or local newspaper. If just one place, please circle otherwise your signature is for both.

Agency Information

Agency if applicable: _____ Contact name: _____

Phone number: _____ Email: _____

Areas of Interest

Likes (i.e. hobbies, leisure activities) _____

What activities would you be interested in participating in?

If you could do anything, what would you do?

What are some activities that you would not like to do?

Areas of Need

How does the participant communicate their wants and needs? _____

Describe his/her behavior when having difficulty? (not getting his/her way)

How does he/she react to stress? Transitions? _____

Is Group composition a factor? (male vs female, small vs. large, sensory challenges)

What are some effective strategies that would work in a group setting? _____

What potential barriers exist that might prevent him/her from fully participating in a community program?

What are the times during the week that are conducive for program participation?

What level of staffing does the participant require in the community? _____

Please explain or offer any additional information you feel the program staff should be aware of for your safety and comfort, including any special accommodations _____
