



# SRJC 2017 Annual Information Form



In order to participate in SRJC programs, an Annual Information Form must be filled out completely and filed with SRJC or participation will be denied. **Forms must be completed at the beginning of the calendar year, whenever information changes, or if you are a new participant. Return this form to SRJC 3000 W. Jefferson St., Joliet, IL 60435 or email to skolodziej@jolietpark.org or fax to 815-741-3082.**

## Participant Information (please print)

Name \_\_\_\_\_  
Is participant his/her own guardian?  Yes  No  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender  M  F  
School/place of employment \_\_\_\_\_ Group home/residential facility \_\_\_\_\_  
Primary disability \_\_\_\_\_ Secondary disability \_\_\_\_\_

## Medical Information

Current medications (dose & frequency) \_\_\_\_\_  
Allergies \_\_\_\_\_ Dietary restrictions \_\_\_\_\_  
Is participant subject to seizures?  Yes  No  
Type & frequency \_\_\_\_\_ Date of last seizure \_\_\_\_\_  
If participant has Down Syndrome, has he/she been tested for Atlantoaxial instability?  Yes  No Cleared  Yes  No

## Parent/Guardian Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor restrictions \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Name of insured \_\_\_\_\_ Medicaid # \_\_\_\_\_

This information will be used in case of emergency when you cannot be reached.

## Group Home Clients Only Please provide name and numbers other than your office phone.

Case manager: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Case worker: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Support specialist: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Evening/weekend contact: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Other: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

If case managers, case workers, etc. change throughout the year, this form needs to be updated as soon as possible.

## Sports Programs and Day Camp

T-shirt: **Child**  S  M  L  XL **Adult**  S  M  L  XL  2XL  3XL  4XL

## Consent

Transportation permission  Yes  No  
Independent departure  Yes  No (Participant is able to wait independently or go home on his/her own)  
Publicity photo permission  Yes  No  
Parent/guardian signature \_\_\_\_\_ Typing your name in this field will act as your signature. Date \_\_\_\_\_  
Participant's signature (over 21) \_\_\_\_\_ Typing your name in this field will act as your signature. Date \_\_\_\_\_

## Daily Living Skills

<b>Eating</b>	<input type="radio"/> Eats independently	<input type="radio"/> Needs to be monitored	<input type="radio"/> Needs assistance Explain _____	
<b>Bathroom</b>	<input type="radio"/> Toilets independently	<input type="radio"/> Needs to be monitored	<input type="radio"/> Needs assistance Explain _____	
<b>Dressing</b>	<input type="radio"/> Dresses independently	<input type="radio"/> Needs some assistance	<input type="radio"/> Cannot dress independently Explain _____	
<b>Mobility</b>	<input type="radio"/> Walks independently	<input type="radio"/> Walks long distances	<input type="radio"/> Cannot walk long distances	
	<input type="radio"/> Uses manual wheelchair	<input type="radio"/> Uses motorized wheelchair	<input type="radio"/> Uses other devices for mobility Explain _____	
<b>Communication</b>	<input type="radio"/> Verbal: Speaks clearly	<input type="radio"/> Verbal: Difficult to understand	<input type="radio"/> Has difficulty expressing needs	<input type="radio"/> Gestures/points
	<input type="radio"/> Uses sign language	<input type="radio"/> Uses hearing devices/hearing aids	<input type="radio"/> Uses a communication board/schedule/pictures Explain _____	

## Recreation

<b>Bowling</b>	Bowling Ramp <input type="radio"/> Yes <input type="radio"/> No			
<b>Swimming</b>	<input type="radio"/> Swims independently	<input type="radio"/> Can swim a little	<input type="radio"/> Cannot swim at all	<input type="radio"/> Extreme fear of water
	Explain: _____			

## Interaction/Socialization Skills

<b>Social Interaction</b>	<input type="radio"/> Initiates social interaction on own	<input type="radio"/> Socializes with verbal prompting	<input type="radio"/> Avoids social interactions	
	Explain: _____			
<b>Prefers being</b>	<input type="radio"/> Alone	<input type="radio"/> With peers	<input type="radio"/> With adults Explain: _____	
<b>Is most successful in</b>	<input type="radio"/> Large groups	<input type="radio"/> Small groups	<input type="radio"/> Other Explain: _____	
<b>Responds better to</b>	<input type="radio"/> Males	<input type="radio"/> Females	<input type="radio"/> Either Explain: _____	
	Please list any sensory issues child/participant may have: _____			

## Behavior/Conduct

<b>Following directions</b>	<input type="radio"/> Can follow directions independently	<input type="radio"/> Needs verbal prompting	<input type="radio"/> Needs step-by-step assistance	
	Explain: _____			
<b>Check all that apply</b>	<input type="radio"/> Short attention span	<input type="radio"/> Easily distracted	<input type="radio"/> Hyperactivity	<input type="radio"/> Tendency to wander off
	<input type="radio"/> Manipulative	<input type="radio"/> Verbal outburst	<input type="radio"/> Instigates behavior	<input type="radio"/> Self-abusive behaviors
	<input type="radio"/> Steals	<input type="radio"/> Tantrums/meltdowns	<input type="radio"/> Oppositional/defiant	<input type="radio"/> Physical aggression to others
List other inappropriate behaviors here: _____				

## Interests

Favorite Activity \_\_\_\_\_ Favorite Food \_\_\_\_\_  
 Least Favorite Activity \_\_\_\_\_ Favorite Color \_\_\_\_\_

Does the participant respond to specific behavior management techniques used at home, school or work?  Yes  No  
 Explain: \_\_\_\_\_

Does the participant have unusual fears or concerns  Yes  No  
 Explain \_\_\_\_\_

Please list any information concerning the participant that would help our staff provide a safe and enjoyable program for him/her.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Form filled out by \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Please print name