

# ALDRSGATE UNITED METHODIST CHURCH

## Application

### Special Information for Open Arms

Date of Application/ Renewal (circle one) \_\_\_\_\_

DEPENDENT'S NAME \_\_\_\_\_  
last first middle

\_\_\_\_\_ IS THE NAME OR NICKNAME PREFERRED.

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_

STATE DIAGNOSIS OR DESCRIBE YOUR DEPENDENT'S SPECIAL NEEDS:

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

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**\*Mobile Phone or Pager in use while child is at OPEN ARMS** \_\_\_\_\_

DOES YOUR FAMILY RECEIVE RESPITE OUTSIDE THE HOME? \_\_\_\_\_ Yes \_\_\_\_\_ No

IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON MAY BE CALLED AND IS AUTHORIZED TO PICK UP MY CHILD.

Positive identification must be provided before your child will be released.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**TOILETING SKILLS:**

\_\_\_\_\_ Toilets independently  
\_\_\_\_\_ Needs assistance    Staff can help by \_\_\_\_\_

**EATING HABITS:**

\_\_\_\_\_ ALLERGIES:    Food: \_\_\_\_\_    Other: \_\_\_\_\_  
\_\_\_\_\_ No restrictions  
\_\_\_\_\_ Can take nothing by mouth  
\_\_\_\_\_ Soft foods only  
\_\_\_\_\_ Specific requests \_\_\_\_\_

**COMMUNICATION SKILLS**

**Communicates with others using:**

\_\_\_\_\_ Speech:    \_\_\_\_\_ words \_\_\_\_\_ phrases \_\_\_\_\_ sentences  
\_\_\_\_\_ Babbles  
\_\_\_\_\_ Gestures  
\_\_\_\_\_ Sign language  
\_\_\_\_\_ Other (describe): \_\_\_\_\_

**Can understand what others say:**

\_\_\_\_\_ All of the time  
\_\_\_\_\_ Most of the time  
\_\_\_\_\_ Some of the time

**BEHAVIOR: (check all that apply)**

\_\_\_\_\_ Outgoing  
\_\_\_\_\_ Socializes in groups  
\_\_\_\_\_ Adjusts to new situations well  
\_\_\_\_\_ Adjusts to new situations with difficulty  
\_\_\_\_\_ Responds to correction well  
\_\_\_\_\_ Responds to correction with difficulty  
\_\_\_\_\_ Is sometimes destructive  
\_\_\_\_\_ Sometimes threatens others  
\_\_\_\_\_ Sometimes hits, bites, or hurts self/others  
\_\_\_\_\_ Sometimes attempts to run away  
\_\_\_\_\_ Hyperactive and / or ADD  
\_\_\_\_\_ Medication compliant  
\_\_\_\_\_ Seizures

My dependent responds to separation from his / her parents/guardian by: \_\_\_\_\_  
\_\_\_\_\_

My dependent is best comforted by: \_\_\_\_\_  
\_\_\_\_\_

My dependent lets someone know what he/she wants or needs by: \_\_\_\_\_

\_\_\_\_\_

## **I. ACTIVITIES**

**ACTIVITIES MY DEPENDENT LIKES:** (music, stories, coloring, board games, physical games, independence, group activities, reading, being read to)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MY DEPENDENT NEEDS ENCOURAGEMENT TO**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MY DEPENDENT DOES NOT ENJOY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PLEASE DON'T ASK MY DEPENDENT TO**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MY DEPENDENT PARTICIPATES BEST WHEN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MY DEPENDENT'S READING LEVEL**

\_\_\_\_\_

**II. PHYSICAL NEEDS**

**VISION:** \_\_\_\_\_ Normal \_\_\_\_\_ Impaired \_\_\_\_\_ Blind  
**HEARING:** \_\_\_\_\_ Normal \_\_\_\_\_ Impaired \_\_\_\_\_ Deaf \_\_\_\_\_ Hearing Aid  
**MOTOR:** \_\_\_\_\_ Control \_\_\_\_\_ Walks \_\_\_\_\_ Walker \_\_\_\_\_ Crutches  
                  \_\_\_\_\_ Braces \_\_\_\_\_ Crutches \_\_\_\_\_ Wheelchair

**OTHER THINGS I'D LIKE YOU TO KNOW ABOUT MY DEPENDENT:**

We have a pet named: \_\_\_\_\_

Brothers and sisters:

Name	Age	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Favorite activity: \_\_\_\_\_

Favorite color is: \_\_\_\_\_

Fears or dislikes (example: dogs, loud sounds, certain food or activity)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE Date

\_\_\_\_\_  
STAFF REVIEW Date