

**ADD's Community Connections
Enrollment Form**

Basic Information:

Name: _____ Date of Birth: _____
Address: _____ Contact Person: _____
_____ Contact Agency: _____
Home Phone #: _____ Contact Person's # _____
Social Security # _____

Guardian Information:

Guardian: _____ Employer: _____
Address: _____ Address: _____
Phone: _____ Phone#: _____

Vocational / Educational Information:

Current work location: _____
Is the Applicant in school? _____

Living Situation: (Please circle one.)

Group Home Supportive Living Family Independently CDC

IP Information:

Please attach the most recent copy of the applicant's IP and the date of the next scheduled IP meeting ____/____/____. This information must be included with the enrollment form before the applicant can start Community Connections.

Medical Information:

Attached is the ADD's Community Connections Health Form, which will need to be completed before enrolling. All Health Forms will need to be updated every six months or as health status changes.

General Instructions: Please make sure that the person filling out this series of questions knows the applicant well. The accuracy of this information is important to meet the applicant’s needs while attending ADD’s Community Connections.

Social / Behavior and Community Mobility Information

	YES	NO	Sometimes
1. Can the applicant express wants and needs verbally?			
2. Does the applicant use sign language?			
3. Does the applicant understand simple work commands?			
4. Can the applicant understand simple sentences?			
5. Does the applicant engage in any violent, aggressive or self-abusive behavior?			
6. Does the applicant have a current behavior support plan? (Please attach)			
7. Does the applicant stay with group activities?			
8. Does the applicant have alone time? How much?			
9. Can the applicant ride public transportation independently?			
10. Can the applicant leave to go to the restroom and return independently to the group?			
11. Does the applicant demonstrate safe pedestrian skills in the community?			
12. Does the applicant display appropriate behavior in public?			
13. Does the applicant need assistance in eating?			
14. Does the applicant display appropriate behavior with respect to sexual behavior?			
15. Does the applicant take his /her medication independently?			
16. Does the applicant take care of personal hygiene needs?			
17. Does the applicant change their clothes independently?			
18. Does the applicant take care of personal toileting needs?			
19. Does the applicant interact with peers?			
20. Does the applicant develop friendships?			
21. Does the applicant independently follow through with friendships?			
22. Does the applicant set limits with strangers?			
23. Does the applicant ask questions when needed?			
24. Does the applicant independently plan their leisure time?			
25. Does the applicant independently carry on a conversation with others?			
26. Does the applicant independently engage in hobbies?			
27. Does the applicant independently know what to do I case of an emergency?			
28. Does the applicant independently read survival words?			
29. Does the applicant demonstrate a variety of leisure interests?			

Additional Comments:

Enrollment Application Completed By:

Name

Date Completed

Relationship

Application Received: ____/____/____ **Enrollment Meeting Date:** ____/____/____