



Heritage Homes, Inc.

Social Recreation Program Fact Packet

This information will be used for all events during the current year. At any time should participants safety, basic health needs or emergency contact information change, participant and/or guardian, provider, etc. must alert our Program Coordinator to assure adequate supervision and needs of the participant can be met.

Date of Completion: _____

Participant Name: _____ **Birth Date:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

Residential Provider Name (if applicable): _____

Phone: _____ **Email:** _____

Guardian Name (if applicable): _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

Preferred Method of Alert with Monthly Events Calendar: _____

Referral Source (ie. CMH Supports Coordinator): _____

Emergency Contact Other than Provider/Guardian: _____

Relationship to Participant: _____ **Phone:** _____

Disability Information:

Please list all primary and secondary disabilities.

Health Issues/Medical Concerns:

Does participant have seizures? Yes No

Types and reaction: _____

Seizure Instructions: _____

Does participant have allergies? Yes No

Types and reaction: _____

Allergy Instructions: _____

General Information:

Does participant need assistance orienting to: people place time

Are there any circumstances in which the participant may become injurious to self and/or others? Yes No

If yes, please explain.

How does the participant relate to peers? not at all with prompting freely, without prompting

Does the participant have a current Behavior Modification/Intervention Plan? Yes No

If yes, are you willing to share this with staff, so that we may provide consistency? Explain:

Does the participant get excited, frustrated or agitated easily? Yes No If yes: what are the triggers and indicators? _____

List any special interests the participant may have:

Dietary Information:

- Does participant require assistance eating or drinking? Yes No Comments: _____
- Have any food restrictions? Yes No Comments: _____
- Have any food dislikes? Yes No Comments: _____
- Have any specific food likes? Yes No Comments: _____

Behavior Concerns:

- Comply with verbal requests? Yes No Comments: _____
- Display strong dislikes/fears/sensitivities? Yes No Comments: _____
- Have any known situations that trigger behaviors? Yes No Comments: _____
- Will the participant wander from the group? Yes No Comments: _____

Mobility Information:

Does participant use:

- wheelchair crutches walker cane

If participant is non-verbal do they use:

- sign language electronic communication app or device communication board other: _____

Does participant need assistance toileting: independent monitor dependent on caregiver

*If caregiver assistance is required, it is expected that the participant will supply their own support staff to meet these needs during social recreation activities/events.

Notes/Comments:
