

Lifestyles for the Disabled, Inc.

29 Baltic Avenue, Staten Island, NY 10304
Phone: 718-983-5351 • Fax: 718-983-5383 • www.lfdsi.org

Lifestyles for the Disabled Participant Interest Sheet

Please complete and return this form to: Annette Raia – araia@lfdsi.org Fax -718-717-8691
or mail to: 29 Baltic Avenue, Staten Island, NY 10304

Individual's Name: _____

Address: _____

Advocate(s): _____

Emergency Contact: _____

Phone #: (H) _____ (Cell/Work) _____

Date of Birth: _____ Gender: _____

Social Security #: _____ Medicaid #: _____

TABS ID#: _____ Diagnosis: _____

Email Address: _____

Current School or Day Program: _____

Medical Alerts: _____

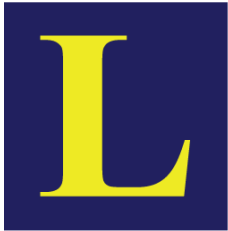
Individual has Care Management (CM): Yes or No

(CM) Name: _____

Agency: _____

Phone #: _____ Cell _____

Email: _____



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Individual's Name: _____

Date: _____

Please tell us a little more about the person interested in our program(s); the more we know the better we can serve him/her. Please check all that apply:

Medical Alerts:

- Major medical issues if yes, please specify _____
- Medical equipment (i.e. wheelchair, walker, etc.) if yes, please specify _____
- Special medical accommodations (i.e. catheterization, feeding tube, colostomy bag, etc.) if yes, please specify _____
- Special dietary restrictions (i.e. pureed, ground, chopped) if yes, please specify _____
- Allergies if yes, please specify _____

Communication:

- Verbal
- Non-verbal if yes, please indicate how the individual communicates wants and needs (i.e. gestures, technology, etc.) _____

ADL Skills:

Toileting:

- Independent
- Minimal assistance
- Total support

Feeding:

- Independent
- Minimal assistance
- Total support

Ambulation:

- Walks independently
- Walks independently but with difficulty
- Walks independently with corrective device
- Requires assistance

Health Restrictions:

- No
- Yes if yes, please specify _____

Safeguards:

- Behavioral alerts (i.e. PICA, sensory issues including sounds/noise, etc.)
- Requires a Behavioral Intervention Plan **if yes, please attach a copy of the current BIP**

Additional information Lifestyles should know about the individual: _____



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Please tell us a little more about the person interested in our program(s); the more we know the better we can serve him/her.

Medical Alerts (i.e. seizure disorder, dietary restrictions, allergies, diabetic, etc.): _____

Medications (list all medications taken): _____

Communication, Traveling and ADL Skills (verbal, gestures, utilizes technology; independent with personal activities of daily living; travel trained): _____

Recreation/Leisure Activities (swimming, dancing, sports, reading, etc.): _____

Physical/Health Restrictions/Safeguards (ambulation limitations, phobias, precautions, behavioral alerts or triggers, sensory issues): _____

Information Lifestyles for the Disabled should know about applicant: _____

Completed by: _____

Date: _____