

University L.I.F.E

Application For Services
 June 11, 2018 - August 17, 2018
 8:30 am - 4:30 pm

Choose which session(s) applicant would like to attend

Imaginarium (June 11 - 22) Stars & Stripes (June 25 - July 6)
 Mission Possible (July 9 - 20) Exploration L.I.F.E.(July 23 - August 3)
 The Sky's the Limit (August 6 - 17)

Funding source: Private Pay Other (Specify): _____

Applicants General Information

Name: _____

Last	First	Middle	Nickname
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Date of Birth: ____ / ____ / ____ Age as of June 11, 2018: _____

Current Address : _____

Street	City	State	Zip
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Home Phone: _____ Cell Phone: _____

Sex: Male Female Other/Preferred Pronoun _____

Height: _____ Weight: _____ Ethnicity: _____

T-shirt Size : XS S M L XL 2XL 3XL 4XL

Parent/Caregiver/Guardian Information (List at least one)

Parent/Caregiver/Guardian		Parent/Caregiver/Guardian	
Name		Name	
Relationship		Relationship	
Address		Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

Does the applicant have a guardian? YES NO
 If yes, attach a copy of the guardianship document

Emergency Contacts (Other than parent/guardian/caregiver)

1. Name: _____ Relationship: _____

Address: _____

Street City State Zip

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Street City State Zip

Home Phone: _____ Cell Phone: _____

Medical Information

Primary Health Care Provider/Physician: _____

Address: _____ Phone: _____

Hospital Preference: _____

Please list any medical, psychological/psychiatric or developmental diagnosis:

List any medications currently taking

Medication	Reason

Is applicant able to self administer medication? _____ YES _____ NO

Past or Prospective Surgeries/Restrictions

Date	Reason

Seizures

Does applicant have history of seizure activity? _____ YES _____ NO
Does applicant currently have seizures? _____ YES _____ NO
If yes, frequency: _____
Date of last seizure: _____ Type of seizures: _____
What happens prior/during seizure? _____
Treatment if seizure occurs: _____
Are seizures controlled with medication? _____ YES _____ NO

Vision

Any vision impairment? _____ YES _____ NO If yes, what? _____
Does applicant wear glasses or contact lenses? _____ Contacts _____ Glasses
Legally Blind? _____ YES _____ NO
If yes, what assistance is needed: _____

Hearing

Any hearing problems? _____ YES _____ NO If yes, what? _____
Does applicant wear a hearing aid? _____ YES _____ NO
Right _____ Left _____ Both _____
Is applicant deaf? _____ YES _____ NO

Dental

Any dental problems? _____ YES _____ NO If yes, what? _____
Dentures? _____ YES _____ NO History of choking? _____ YES _____ NO

Allergies

Please list all known allergies:

Other Medical Problems

Please list any other medical problems not listed previously

Other Medical Issues

Special dietary needs? _____ YES _____ NO If so, what? _____
Any special equipment needs? _____ YES _____ NO If so, what? _____

Mental Health

Does the applicant have a history of mental health treatment? _____ YES _____ NO
Does the applicant have a history of in-patient psychiatric and/or behavioral services? _____ YES _____ NO
Does the applicant have a history of alcohol or substance abuse? _____ YES _____ NO
Does the applicant have a history of suicidal ideations or attempts? _____ YES _____ NO
Is the applicant currently receiving mental health treatment? _____ YES _____ NO

Is the applicant currently receiving treatment for alcohol/substance abuse? _____ YES _____ NO

If yes, name of physician/treatment center: _____

Physician/Treatment Center Address: _____

Physician/Treatment Center Phone: _____

Has applicant ever committed a crime? _____ YES _____ NO

If yes, provide details: _____

Daily Living Skills

Is the applicant able to eat/drink independently? _____ YES _____ NO

Is the applicant able to toilet him/her self independently? _____ YES _____ NO

Is the applicant able to dress/undress independently? _____ YES _____ NO

Is the applicant able to ride in a car/van/bus safely? _____ YES _____ NO

Can the applicant read? _____ YES _____ NO

If you answered no to any of the above, provide details: _____

Physical Development

Can applicant walk independently? _____ YES _____ NO

Assistive devices? _____ Cane _____ Walker _____ Crutches

Can applicant maintain balance independently? _____ YES _____ NO

At risk for falls? _____ YES _____ NO

Does applicant use a wheelchair? _____ YES _____ NO

Can applicant run without falling? _____ YES _____ NO

Does applicant have effective/functional use of all limbs? _____ YES _____ NO

If you answered no to any of the above, provide details: _____

Transportation to/from Lakeland

_____ Residential Provider _____ Family _____ RCS

_____ Drives _____ Other(Specify): _____

Transportation to/from RCS

_____ Residential Provider _____ Family _____ City Bus

_____ Metro Connection _____ Walks _____ Drives

_____ Heidenreiter Bus

_____ Other(Specify): _____

Communication

What is the applicant's preferred method of communication?

___ Verbal ___ Signing ___ Picture Exchange ___ Gesture ___ Communication Board

Other (specify): _____

Behavior Concerns

Has applicant ever displayed aggressive behavior? _____ YES _____ NO

Has applicant ever displayed self-injurious behavior? _____ YES _____ NO

Is the applicant at risk of elopement? _____ YES _____ NO
 Does applicant have a history with property destruction? _____ YES _____ NO
 If you answered yes to any of the above, provide details: _____

Please provide any additional behavior information that University L.I.F.E. should know about this applicant: _____

Does the applicant have coping mechanisms for calming/over excitement? _____ YES _____ NO
 If yes, what are the coping mechanisms? _____

Education

Is the applicant currently attending school? _____ YES _____ NO
 Did the applicant complete high school? _____ YES _____ NO
 Has applicant completed any higher education courses? _____ YES _____ NO
 Has applicant completed any vocational trainings? _____ YES _____ NO

Name of School Attended	Dates

Personal Interests

Please list applicant's personal interests: _____

What does applicant like to do in his/her spare time? _____

Other Programs

Is the applicant currently attending any other programs? _____ YES _____ NO
 If yes, name of program: _____ Phone: _____
 Address: _____ Contact: _____
 If no, has the applicant ever attended any other program? _____ YES _____ NO

If yes, name of program: _____ Phone: _____
Address: _____ Contact: _____
Why did the applicant leave previous program? _____

Does applicant have interest in any other areas of RCS? _____ YES _____ NO
_____ Day Services _____ Employment Services _____ Prevocational Services
_____ After Hours Special Events

Applicant Signature

Date

Guardian Signature

Date

Once your application is received you will be contacted to confirm enrollment.

**Any questions/concerns please contact Ruth Weigel at 920-694-1219 or
rweigel@rcsempowers.com. Submit applications in person or via mail to 1607 Geele Ave
Sheboygan, WI 53083 attn: Ruth Weigel or via email at rweigel@rcsempowers.com**