

# ANNUAL INFORMATION FORM

Valid March 1, 2024 - May 31, 2025

## PARTICIPANT INFORMATION

Participant Last Name \_\_\_\_\_ Legal First \_\_\_\_\_ Preferred First \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Residency Type  With Family  Group Home  Independent \_\_\_\_\_  
Park District \_\_\_\_\_ Township \_\_\_\_\_ Shoe Size \_\_\_\_\_  
Gender \_\_\_\_\_ Personal Pronoun  He/Him  She/Her  They/Them  Other \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Ethnicity (for statistical purposes only) \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Main Contact \_\_\_\_\_ Secondary Contact \_\_\_\_\_ Participant is own guardian?  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  No  Yes  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mobile Carrier \_\_\_\_\_ Mobile Carrier \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Who should FVSRA contact  
Email \_\_\_\_\_ Email \_\_\_\_\_ for program information?  
Employer \_\_\_\_\_ Employer \_\_\_\_\_

For individuals who live in a group home / residential facility

Residential Facility \_\_\_\_\_ Case Manager \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Weekend/Emergency Number \_\_\_\_\_

## MEDICAL INFORMATION

**Disability / Diagnosis Information: Please indicate primary disability with a "1" and secondary disability with a "2."**

<input type="checkbox"/> ADHD	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizure Disorder/Epilepsy	If the participant has Down Syndrome, do they have an Atlanto-Axial Instability diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech/Language Disorder	
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Other _____	

### Medical Conditions / Needs

Seizures  No  Yes (if yes, a Seizure Information Form must be completed)  
Shunts  No  Yes (if yes, please describe) \_\_\_\_\_  
G-Tube / J-Tube  No  Yes (if yes, a G-Tube / J-Tube Support Plan must be completed)  
Wheelchair  No  Yes (if yes, a Participant Transfer Plan must be completed)  
Diabetes  No  Yes (if yes, a Diabetes Management Plan must be completed)  
Diabetes Management  N/A  Manages diabetes independently  Does **not** manage diabetes independently  
Allergies  No  Yes (if yes, please describe) \_\_\_\_\_  
Allergies Management  N/A  Epi-Pen intervention required (if checked, a Permission to Dispense Medication must be completed)  
Dietary Needs  No  Yes (if yes, please describe) \_\_\_\_\_  
Alcohol Consumption (21+)  No  Yes (if yes, please describe type and quantity permitted. Note FVSRA has a two drink maximum)

## COMMUNICATION

### Select all that apply

<input type="checkbox"/> Verbal: Easy to Understand	<input type="checkbox"/> Communication Board (Boardmaker)
<input type="checkbox"/> Verbal: Difficult to Understand	<input type="checkbox"/> iPad or tablet
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Non-Verbal: Gestures / Modified Sign Language	<input type="checkbox"/> Sign Language Interpreter
<input type="checkbox"/> Echolalia	<input type="checkbox"/> Symbol-based Augmentative & Alternative Communication
<input type="checkbox"/> English is a second language. Primary Language: _____	<input type="checkbox"/> Other _____

## PHYSICAL / ASSISTED DEVICES

### Select the level of assistance that is needed:

	Independent	Verbal Prompts	Physical Assistance	Additional Information
Eating/Drinking (cut food, uses straw, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Undressing (tying shoes, pulling up swim suit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (Diapers, catheter, wiping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Following directions (single step, repetition, visual cues, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money Handling (monitor for correct change, no concept, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading (comprehension level, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility (keeping track of belongings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing (legibility, words/sentences, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### What assisted devices are used (select all that apply):

<input type="checkbox"/> Cane	<input type="checkbox"/> Prosthetic Devices	<input type="checkbox"/> Wheelchair- Electric
<input type="checkbox"/> Forearm Crutches	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Wheelchair- Manual
<input type="checkbox"/> Glasses	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair- For long distances only
<input type="checkbox"/> Orthopedic Devices	<input type="checkbox"/> White Cane	<input type="checkbox"/> Other _____

## BEHAVIOR

Select all behaviors that occur frequently (once or more per week):

### Physical Outbursts

- Biting Others
- Hair Pulling
- Hitting Others
- Kicking Others
- Scratching Others
- Shoving Others
- Spitting

### Repetitive Behaviors

- Biting Self
- Headbanging / Hitting Self
- Picking Skin
- Pulling Hair
- Putting Objects in Mouth
- Destructive Behaviors**
- Throwing Objects
- Destroying Objects

### Verbal Outbursts

- Foul Language
- Threats to Harm Others
- Threats to Harm Self

### Emotional Outbursts

- Crying
- Tantrum
- Meltdown

### Non-Compliance

- Refusal to Participate
- Refusal to Transition
- Defiance to Directions
- Elopement Behaviors**
- Wander / Leave Group
- Runs Away / Flight Risk

### Other

- Removal of Clothing
- Stealing Belongings
- Stealing Food
- Other \_\_\_\_\_

**Has a formal behavior plan been created?**

- No  Yes (please attach)

**Additional Information on behaviors (frequency, duration, triggers etc.)**

**How can staff best support and respond during behaviors (coping strategies, calm down techniques, sensory supports, etc.)**

## SAFETY AND RECREATION

**FVSRA provides an approximate 1:4 staff to participant ratio. If you would like to request a closer ratio, please explain why:**

**The participant CANNOT recognize the following dangerous situations:**

- Crossing the street
- Kitchen Safety
- Unwanted physical attention
- Sharp objects
- Water Safety
- Other \_\_\_\_\_

**Can the participant readily communicate their name?**  No  Yes

**Can the participant accurately communicate their phone number?**  No  Yes

**Select the statement that best indicates swimming ability:**

- Cannot Swim
- Needs 1:1 assistance in the water
- Can swim 1 length of the pool without a personal flotation device
- Competitive / Multi-lap Independent Swimmer

**Indicate flotation device(s) owned or needed to swim:** \_\_\_\_\_

In accordance with our Pick-Up & Drop Off Policy, Participants are expected to arrive and/or be picked up from a program within 5 minutes of the start and end times listed. Without prior written approval, FVSRA cannot leave participants unattended before or after a program and a fee may be issued. FVSRA requires prior written approval to permit a participant to remain unattended before/after a program, walk home, or wait for a taxi service. Contact Superintendent of Recreation to submit requests.

## GOALS

**Indicate the reason(s) for participation in FVSRA programs (select all that apply):**

- Creativity / Self-Expression
- Skill Development
- Responsibility
- Physical Activity / Fitness
- Self-Esteem / Confidence
- Socialization / Friendship
- Entertainment / Fun

**REQUIRED**

I attest that this information is true and accurate to the best of my knowledge and I will notify FVSRA of any changes in the above information.

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date