



Unlimited Possibilities, Inc.

Day Program Application Form

Member Contact Information

Name: _____ **Phone:** _____
First Middle Initial Last

Address: _____
Street City State Zip Code County

Email: _____ **Email:** _____

Emergency Contact Information

In the event of an accident or emergency, please list at least one emergency contact:

Primary Contact

Name: _____

Phone: _____

Secondary Contact (optional):

Name: _____

Phone: _____

Member Information

What agency currently provides Case Management for the member? _____

Name of CM: _____ **Phone:** _____

Allergies: _____

Food Allergies: _____

Does the member need assistance in the bathroom? Yes No

If yes, please explain: _____

What maladaptive behaviors might cause the member to not have a productive day? What triggers these behaviors?

Member Information (continued)

How will the member be transported to Day Program?

Are there specific instructions for meal times? Yes No

What are some of the member's interests? _____

What activities does the member like/dislike? _____

What specific skills should the member work on while attending the Day Hab? This may include social skills, job skills, and/or functional academic skills.

Has the member been vaccinated for Covid-19? Yes No

If not, are there plans in place for getting vaccinated? Yes No

***The family must agree to our Day Program Covid-19 restrictions that we currently have in place. Please be aware that all DSPs who work in the Day Program must be vaccinated.**

When would the member like to participate in the Day Program?

Would you like respite before or afterwards? Yes No

	Monday	Tuesday	Wednesday	Thursday	Friday
Start:					
End:					

Please note that the Day Program center is open Monday through Friday from 9 am to 3 pm.

Signature

Signature of Member or Legal Representative _____ Date: _____

For Office Use Only:

Date received: _____ Accepted Denied Waitlisted # on Waitlist: _____

If denied, reason for denial: _____

Anticipated Start Date: _____

Has a critical juncture been scheduled? Yes No Date: _____

Has member and his/her family been contacted? Yes No