



1707 US Route 60 W, Milton, WV 25541 · 304.743.8160 · UPWV.ORG

## 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:** \_\_\_\_\_

### 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