



## Northern Will County Special Recreation Association Adult Day Program Interest Form

New participants are welcome to join NWCSRA's Adult Day Program!

NWCSRA offers 4 sections of the Adults Day Program to meet the needs of our community to the best of our ability. Each section has specific participation requirements that must be met to be considered for the program. The Adult Services Coordinator will assess and determine which program best meets the needs of each person interested in the day program. New participants may be placed on a waitlist until a spot becomes available and are subject to a one-month trial/assessment period. Please complete the form below and return to Ashlee O'Hern.

Participant Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Participant's Birthday Date: \_\_\_\_\_ Township: \_\_\_\_\_

Disability(s): \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about our Adult Day Program? \_\_\_\_\_

Start Date: \_\_\_\_\_

### Please complete the following:

**Communication:** Verbal Uses Sign Language Gestures/Points Uses Communication Board

**Mobility:** Walks Independently Uses Wheelchair Uses Walker/Cane Other: \_\_\_\_\_

**Eating:** Eats Independently Needs to be Monitored Needs Assistance

*Explain level of assistance:* \_\_\_\_\_

**Bathroom:** Toilets Independently Needs to be Monitored Needs Assistance

*Explain level of assistance:* \_\_\_\_\_

**Sensory Sensitivity:** Noise Sound Touch Bright Lights Other

*Explain:* \_\_\_\_\_

**Social Interaction:** Initiates Social Interaction Socializes with Verbal Prompting Avoids Socializing

**Follow Directions:** Independent Needs Verbal Prompting Step-by-Step Assistance

*Explain:* \_\_\_\_\_

**Preferred Staff to Participant Ratio:** 1:2 1:4 1:6



## Northern Will County Special Recreation Association Adult Day Program Interest Form

**Please circle all that apply:**

Short Attention Span

Easily Distracted

Hyperactivity

Verbal Outbursts

Physical Aggression

Self-Abusive Behaviors

Tantrums/Meltdowns

Elope/Wander Off

If you circled any behaviors above, please provide a detailed explanation:

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### **MY FAVORITE...**

**FOOD:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**MUSIC:** \_\_\_\_\_

**ANIMAL:** \_\_\_\_\_

**SHOW:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

### **SOMETHING INTERESTING ABOUT ME...**

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**Please complete and return to Ashlee O'Hern.**

**Mail:** Northern Will County Special Recreation Association  
Attn: Ashlee O'Hern  
10 Montrose Drive, Romeoville, IL 60446  
**Email:** aohern@nwcsra.org  
**Fax:** (815) 407-1829