



Northern Will County Special Recreation Association Adult Day Program Interest Form

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

NWCSRA offers several opportunities within our Day Programs to meet the needs of our communities and families. Each option 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 individual 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.

NOTE: Residents will receive priority on waitlist before non-residents.

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? _____

Rank Location Preference: *Bolingbrook* _____ *Plainfield* _____ *Romeoville* _____

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



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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:

MY FAVORITE...

FOOD: _____

COLOR: _____

MUSIC: _____

ANIMAL: _____

SHOW: _____

ACTIVITY: _____

SOMETHING INTERESTING ABOUT ME...

NOTE: Residents will receive priority on waitlist before non-residents.

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



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