



YACHAD TEEN PROGRAM IN CASE OF EMERGENCY FORM

THIS FORM WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IF AN EMERGENCY SITUATION DEEMS IT NECESSARY. COMPLETING THIS FORM IS MANDATORY TO PARTICIPATE IN THE TEEN YACHAD PROGRAM.

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

DOB: _____

1. Do you have a legal guardian? Yes No

If yes, please identify that individual.

Name: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

2. Do you have a health Care Surrogate? Yes No

If yes, please identify that individual.

Name: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

3. Do you have allergies (food or medication)? Yes No

If yes, please list:

4. Do you have diabetes? Yes No

5. Do you have seizures? Yes No

6. What school do you attend: _____

7. What days/times do you attend school? _____

Additional Comments: _____



YACHAD TEEN PROGRAM QUESTIONNAIRE

Name: _____

1. What are the best hours for you to participate in a program? Check all that apply:

Sunday mornings after 9:00am

Sunday mornings after 1:00pm

Weekday afternoons

Evenings (Please check preference) _____ 5pm _____ 6pm _____ 7pm

Other _____

2. What are your favorite activities? _____

3. Would you like to learn about community volunteer opportunities? Yes No

4. What subjects would you like to learn about? Please write in your own ideas.

Community Safety

Cooking

Gardening

Health Education

Laundry and Home Care

Money Management

Sports

5. Would you need transportation to activities? Yes No



YACHAD TEEN PROGRAM SUPPORT AND SERVICES

Name: _____

1. My living situation is:

- My Family Home In the Community In a Facility

2. Are you receiving government financial support? Yes No

3. Are you on a Medicaid Waiver waiting list? Yes No

If yes, how long have you been on the list and what was your projected wait time before being accepted into the program? _____

4. Do you have a person/agency that provides respite for you? Yes No

5. If yes, which categories apply to the provider?

Friends/Family ___ Paid ___ Unpaid

Professional

Funded by Family

Funded by the State