

Please complete the following, if applicable. This information will only be used by Yachad staff for activity updates, cancellations, etc:

Member Name:

Primary phone #: Alternate phone #:

Ok to text (please circle): YES or NO

Home address:

Email:

Guardian name (Primary):

Primary phone #: Alternate phone #:

Ok to text (please circle): YES or NO

Email:

Preferred contact method:

Guardian name (Secondary):

Primary phone #: Alternate phone #:

Ok to text (please circle): YES or NO

Email:

Preferred contact method:

Parent name:

Primary phone #: Alternate phone #:

Ok to text (please circle): YES or NO

Email:

Preferred contact method:

Parent name:

Primary phone #: Alternate phone #:

Ok to text (please circle): YES or NO

Email:

Preferred contact method:

In case of an emergency, please contact (if different than above):

Name:

Primary phone #:

Alternate phone #:

Ok to text (please circle): YES or NO

Email:

Preferred contact method:

Member primary diagnosis/disability:

Any allergies, food or otherwise (please circle): YES or NO

If YES, please elaborate:

Food or fluid restrictions (including for religious purposes):

Any other health concerns (please include secondary diagnosis, health risks, seizure risks, etc):

Does the member have any aversions/behaviors you would like us to consider when arranging events, ie aversions to large groups, or noises (please circle): YES or NO

If YES, please elaborate:

Does the member have any aggressive, disruptive or self-harming behaviors (please circle): YES or NO

If YES, are there any steps we could take to prevent these behaviors, or assist the member to manage them after their onset (please circle): YES or NO

If YES, please elaborate:

Religious Affiliation (Orthodox, Conservative, or Reform):

Activities: (please circle as many as you are interested in, or write in your own):

- | | | |
|-------------------|--------------|--------------------|
| -Athletics | -Bowling | -Community Safety |
| -Cooking | -Craft Fairs | -Gardening |
| -Golf | -Health | -Laundry/Home-care |
| -Money Management | -Movies | |

Other (please specify):

With the exception of the High Holy Days, which holidays would you like Yachad to celebrate as a group and which do you prefer to celebrate as a family:

If you have any questions or concerns, please feel free to contact:

Joyce Ryan, Yachad Program Coordinator, 402.670.1512,
jkryan2@gmail.com

Heather DeVivo-Winz, Assistant Yachad Program Coordinator,
402.830.6848, heatherjdevivo@gmail.com

Thank you all for taking the time to complete this form. It will greatly help us to serve your Yachad member.