

# 2025 Annual Information Form



## Step 1 Participant Information

Please indicate phone type; cell (C), home (H), or work (W).

**Gender:**  Male  Female **Birthdate:** \_\_\_-\_\_\_-\_\_\_ **Age:** \_\_\_  
**Name:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone 1:** \_\_\_-\_\_\_-\_\_\_ **Type:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone 2:** \_\_\_-\_\_\_-\_\_\_ **Type:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **State:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
**Primary Diagnosis:** \_\_\_\_\_ **Secondary Diagnosis:** \_\_\_\_\_  
 If Down Syndrome, result of the Atlanto-Axial Instability Test:  
 Positive  Negative  
**Group Home Participants:** **Case Manager:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_  
**Group Home Contact:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_

## Step 2 Parent/Guardian Contact Information

Is participant their own guardian?  Yes  No

**#1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_ **Type:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**#2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_ **Type:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Step 3 Emergency Contact Information

Emergency contacts should be someone other than a parent or guardian.

**#1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_  
**#2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_-\_\_\_-\_\_\_

## Step 4 Medication

Attach additional information if needed.

Medication Name	Dosage	Time	Purpose/Reaction

Does participant have a seizure disorder?  Yes  No Date of last seizure: \_\_\_-\_\_\_-\_\_\_ \*If yes, please complete Seizure Information Form

## Step 5 Allergies

Attach additional information if needed.

Does participant have allergies?  Yes  No

Allergy	Reaction	Additional Comments

## Step 6 Dietary Restrictions

All Programs are Alcohol-free

Does participant have dietary restrictions?  Yes  No If yes, please list \_\_\_\_\_  
 Does participant have a G-Tube?  Yes  No  
 Food Preferences \_\_\_\_\_  
 Additional Information \_\_\_\_\_

## Step 7 Mobility

- Can participant walk independently?  Yes  No
- Does participant use a wheelchair?  Yes  No If yes, does participant  Transfer independently  Transfer with assistance
- Uses orthotic equipment (walker, cane, brace, etc.)?  Yes  No If yes, please list \_\_\_\_\_
- Requires a vehicle lift?  Yes  No
- Requires assistance during transportation?  Yes  No

## Step 8 Communication

- Verbal  Independent Communication
- Limited Verbal  Assisted/Facilitated Communication
- Non-Verbal Participant preferred language: \_\_\_\_\_
- Family preferred language: \_\_\_\_\_
- Uses Sign Language
- Needs Sign Language Interpreter
- Uses Communication System (talker, iPad, etc) \_\_\_\_\_

## Step 9 Behavior

- Best way to transition \_\_\_\_\_
- Best way to calm/redirect \_\_\_\_\_
- Best way to engage \_\_\_\_\_
- Behaviors exhibited when upset/frustrated \_\_\_\_\_
- Behavior triggers \_\_\_\_\_
- Preferred activities \_\_\_\_\_
- Does participant have a behavior plan?  Yes  No \*If yes, please provide a behavior plan.

## Step 10 Sensory

- Is participant sensitive to items such as noise, heat, environment, etc?  Yes  No
- Explain \_\_\_\_\_
- Does participant seek sensory input?  Yes  No
- Explain \_\_\_\_\_
- Does participant require visual cues?  Yes  No
- Explain \_\_\_\_\_

## Step 11 Safety

- Can participant say name?  Yes  No
- Can participant say phone number?  Yes  No
- Does participant wander/run from group?  Yes  No
- Is participant responsible for belongings?  Yes  No
- Can participant manage money?  Yes  No
- Can participant recognize danger?  Yes  No
- Does participant swim?  Yes  No
- Requires 1:1 assistance in water?  Yes  No
- Explain \_\_\_\_\_
- Who is authorized to pick up participant? \_\_\_\_\_

## Step 12 Life Skills

- Requires assistance eating \_\_\_\_\_
- Requires assistance in bathroom \_\_\_\_\_
- Requires bathroom schedule \_\_\_\_\_
- Requires assistance dressing \_\_\_\_\_
- Can participant read?  Yes  No
- Can participant write?  Yes  No
- Other assistance needed:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Step 13 Additional Information

Please share any additional information that will be helpful in working with the participant. Attach additional information if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I grant photo permission for participant's picture to be taken and used in NEDSRA publications.  Yes  No
- Participant is independent and does not require supervision at conclusion of program/drop-off.  Yes  No

Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_