



APPLICATION FOR DAY PROGRAMS

Name of Participant: _____

Age: _____ Date of Birth: _____

Diagnosis(s): _____

Address: _____

Email: _____

Participant's Phone: _____

Guardian's Name: _____

Relationship to Participant: _____

Guardian's Phone: _____

Guardian's Email: _____

Power of Attorney or Guardianship Completed? Y N if yes which one _____



Participant Questionnaire

I like to _____

In school I am best at (or when I was in school) _____

I would like to find a job. Y or N

I wish I was better at _____

I have friends. Y or N If yes, my friends names are _____

I would like to be more independent. Y or N

I can use the bathroom on my own. Y or N

I am able to do these things on my own currently:

Brushing my teeth	Y	or	N
Picking out my clothes to wear each day	Y	or	N
I can bathe on my own	Y	or	N
I can do my own laundry	Y	or	N
I can drive and have my Drivers License	Y	or	N
I can do all my own grocery shopping	Y	or	N
I can order my own food at a restaurant	Y	or	N
I have had a paid job already	Y	or	N

(if yes, what was the job and how long did you work there

Signature of Parent or Guardian

Date

Application Fee:

I have enclosed a check to Building Pathways Foundation for \$50.00. Once the application and check are received the application is complete. All checks made out to Building Pathways

Office Use Only:

Paid Check/Cash _____

Day Program FT or PT

Starting Date _____