The Olive Branch Frisco Intake Evaluation Form

Thank you for your interest in being part of The Olive Branch Frisco. This application process allows the Admissions Committee, the citizen and the citizen's family to determine whether The Olive Branch Frisco can meet the needs of the citizen applying for admission. In order to determine eligibility, we have established the following requirements in order to complete the admissions process:

1. Complete the Pre-Evaluation form with appropriate signatures and submit to The Olive Branch Frisco with the non-refundable application fee of $45. You can make checks out to The Olive Branch Frisco.(Application fee will be applied to the intake fees if The Olive Branch Frisco can meet your loved ones needs.)
2. Submit the following documents:
    - Most recent Full Individual Evaluation (FIE), Individual Education Plan (IEP), and/or Individual Transition Plan (ITP).
    - Guardianship paperwork
3. Interview and Initial Visit—Once the above information is received and reviewed, a decision will be made if the potential citizen will be invited for the next stage of the process which will include an onsite visit by the parent/guardian. You will schedule a 30 minute observation window to see what a day looks like at The Olive Branch. During this time we ask that you write down any questions, comments or concerns and do not interact with the instructors or citizens. In order for our citizens to maintain a high integrity of product, they and the volunteer instructors, need to stay focused on their task. We appreciate your understanding and compliance with this.
4. After the observation, a representative from The Olive Branch Frisco will contact you to set up a conference to discuss any questions or concerns you may have. If both parties agree that The Olive Branch Frisco can meet all needs (happy, healthy and safe) of the potential citizen, we will set up a trial work day for him/her.
5. Next, we will have you fill out the Intake Evaluation Form and send it in along with a nonrefundable $135 to P.O. Box 6022 Frisco, Texas 75035. Once this is received we will review the paperwork and schedule the Citizen Intake Appointment with the parent and/or guardian. The citizen need not attend unless they are their own guardian.

Please email/mail the completed application and related documents to:

The Olive Branch Frisco
P.O. Box 6022
Frisco, Texas 75035
Email: soney@theolivebranchfrisco.org
www.theolivebranchfrisco.org

The Olive Branch Frisco does not discriminate on the basis of race, color, ethnicity, religion, age, or gender, in its admissions policy or programs. It is up to the discretion of the Admissions Committee as to who is accepted for admission to the program. All information you provide will be considered confidential. You can direct any questions to soney@theolivebranchfrisco.org or jill@theolivebranchfrisco.org .

CITIZEN INFORMATION

Date: _____

Please print legibly.

Person filling out application: □ Self □ Parent/Caregiver/Guardian □ Staff

Name: _____Relationship: _____

Citizen Legal Full Name:

_____

(First) (Middle) (Last)

Preferred Name:

_____

Address:

_____

City: _____ST:_____

Zip:_____

Home Phone: _____ Citizen Cell Phone: _____

Sex: M / F DOB: _____ Age (as of application date):_____

Ethnicity: __ Caucasian __African American __Hispanic __Asian

Other: _____

Disability/Diagnosis:

_____

GUARDIANSHIP

Is the citizen their own legal guardian? □ YES □ NO

If **YES**, who do we have permission to talk to/consult with on your behalf?

_____ (please print name and list relationship to CITIZEN)

_____ (please print name and list relationship to CITIZEN)

_____ (please print name and list relationship to CITIZEN)

If **NO**, who is the Legal Guardian? (Name):

_____

Legal Guardian's relationship to the citizen:

_____

Who does he/she live with? (check one) □ Parents □ Self □ Group Home □ Other

****PLEASE PROVIDE A COPY OF GUARDIANSHIP PAPERWORK****

PARENT/CAREGIVER/GUARDIAN INFORMATION – please fill out completely

Parent/Caregiver/Guardian Name:

_____

Relation: □-Parent (Mother/Father) □-Caregiver □-Guardian □-Sibling □-Other _____

Address:_____

City:_____ ST:_____ ZIP:_____

Employer:

_____

Home Phone:_____ Cell Phone: _____

Work Phone: _____ Email: _____

(Please list email address that we can send program updates and reminders. This address will be used as a primary source of communication)

2. Parent/Caregiver/Guardian Name:

_____

Relation: □-Parent (Mother/Father) □-Caregiver □-Guardian □-Sibling □-Other _____

Address:_____

City:_____ ST:_____ ZIP:_____

Employer:

_____

Home Phone:_____ Cell Phone: _____

Work Phone: _____ Email: _____

(Please list email address that we can send program updates and reminders. This address will be used as a primary source of communication)

EMERGENCY CONTACT

The emergency contact should be a person other than the above stated parent/caregiver/guardian(s). This contact can be that of an additional relative, neighbor or friend who can be contacted in the event that the primary parent/caregiver/guardian(s) are unable to be reached.

REQUIRED:

Name: _____

Relationship to citizen: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

OPTIONAL:

Name: _____

Relationship to citizen: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

FUNCTIONAL SKILLS
Please print legibly

Communication: □ Verbal (Talk/Speak) □ Non-verbal
If non-verbal, what method of communication does he/she use?

□ Sign Language □ Symbols □ Other _____

□ Communication Device (Dynavox, IPad, etc.)
Please describe device: _____

Ambulatory: Is the CITIZEN ambulatory? □ YES □ NO

Does CITIZEN require adaptive equipment? □ YES □ NO
(ie. walker, wheelchair, crutches, etc.)
If yes please explain: _____

Does CITIZEN requires special assistance for long distances or if attending outings?

□ YES □ NO

If yes, please Explain:

_____ _____

Toileting: □ Requires no assistance with toileting (can wipe, pull pants up, etc. independently)

□ Requires minimal assistance (needs verbal reminder to wipe, wash hands, etc.)

□ Requires total assistance (needs help with wiping, changing diaper/pad, etc.)

□ Wears adult diapers

□ Other:

_____

FEMALE CITIZENS: □ Requires **no** assistance, is able to self-manage during menstruation.

□ Requires **minimal** assistance during menstruation.
(Verbal reminder to check/change feminine products.)

□ Requires **total** assistance during menstruation.
(Take to bathroom, physically check/change feminine products, etc.)

Feeding: □ Is able to feed themselves independently

□ Requires minimal assistance (help with warming up food, cutting up food, etc.)

□ Total assistance (feeding tube, puree food, etc.)

Dressing: □ Is able to dress themselves independently

□ Requires minimal assistance in dressing themselves

□ Total assistance

Note: (Please list what assistance is required)

_____

Behaviors (please check all that apply)

___ Tantrums	___ Screams	___ Bites	___ Hits	___ Spits
___ Scratches	___ Pulls Hair	___ Kicks	___ Head Bangs	___ Slaps
___ Steals	___ Withdrawn	___ Moody	___ Self Abusive	___ Destructive
___ Hyperactive	___ Runs Away	___ Pinches	___ Aggressive	___ Depressed
___ Fantasizes	___ Talks to self	___ Uses Bad Language		

Explanation of the above checked items: _____

_____

Are there things that bother him/her? (loud noises, change of routine, large crowds, etc.)

_____

_____

How would you describe his/her day-to-day behavior? (quiet, hyperactive, social, aggressive)

_____

_____

Please include any other vital information about him/her that would be helpful to us:

_____

_____

PERSONAL INFORMATION

Reading: (Please check where he/she performs currently)

□ Cannot read □ He/She can read simple words □ Read independently

Writing: (Please check where he/she performs currently)

□ Cannot write □ He/She can write simple words □ Write independently

Check any/all of the extracurricular activities that he/she enjoys doing:

___ Board games ___ Crafts ___ Art ___ Sports ___ Reading ___ Computer

___ Drama ___ Fitness ___ Cooking ___ Music ___ Video games ___ Other

Other:

_____

_____

MEDICAL INFORMATION

Please print legibly

Citizen's Primary Care Physician: _____
(First) (Last)

Address: _____
(City) (ZIP)

Phone: _____Fax:_____

Does he/she take any medications? If so, what kind(s) of medications and what are the administration times? ***(If you need additional space, please use a separate sheet of paper.)***

1. RX Name: Dosage: Time:

Reason for Medication:

2. RX Name: Dosage: Time:

Reason for Medication:

3. RX Name: Dosage: Time:

Reason for Medication:

4. RX Name: Dosage: Time:

Reason for Medication:

Does he/she have seizures? □ YES □ NO

If YES, how often and length?

Has he/she ever stopped breathing during a seizure?

Does he/she wear a helmet or head protection?

If otherwise instructed, 911 will be called if he/she is experiencing a seizure.

Does he/she have any dietary restrictions? □ YES □ NO

If YES, please list:

Does he/she have any allergies to food, animals, medication, etc? If yes, please list and describe reaction:
Example: Food allergy – Diary products (all). Reaction - Will break out in hives, rash, etc.

_____

_____

_____

Please check **YES/NO** if he/she has any of the following:

	YES	NO		YES	NO		YES	NO	
Asthma/Bronchitis	___	___	Emotional Problems	___	___	Cerebral Palsy	___	___	Oth
Heart Conidition	___	___	Contact Lens	___	___	Hepatitis	___	___	er:
Seizure Disorder	___	___	Learning Disabled	___	___	Ear Aches	___	___	___
Visual Disorders	___	___	Blind	___	___	Skin Rashes	___	___	
Artificial Limb	___	___	Glasses	___	___	Dyslexia	___	___	___
Limb Pain	___	___	Diarrhea	___	___	Chewing/Swallowing	___	___	
Behavior	___	___	ADD/ADHD	___	___	Hearing Impairment	___	___	___
									___

_____

If you checked **YES** above, please explain: _____

_____

I certify that the facts in this application are true and accurate to the best of my knowledge and I authorize investigation of all statements contained herein and contact with the references listed above to provide The Olive Branch Frisco with all appropriate information. I understand it is my responsibility to inform The Olive Branch Frisco of any changes in information which I have provided on this application.

_____ _____

Signature Date

Getting to know your Citizen

We would like to get to know your adult child better, so please answer the following questions. Please print legibly.

1. What is his/her favorite activity, games, or hobby?

_____

_____

2. What is his/her favorite thing to talk about?

_____

_____

3. What are his/her favorite foods?

_____

_____

4. What is his/her least favorite foods?

_____

_____

5. Who are his/her favorite people?

_____

_____

6. When is he/she most cooperative?

_____

_____

7. When is he/she least cooperative?

_____

_____

8. What frightens him/her?

_____

_____

9. Using your best judgement, circle how long would your citizen be able to work on a task with minimal breaks?

1-2 hours 2-4 hours 6 hours 8 hours

10. I am interested in a residential program for my citizen. Yes No