



# QUIET WATERS OUTREACH

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*The information on this form is required for the safety of the participants in Quiet Waters Outreach's activities. All information disclosed in this form will remain strictly confidential.*

## GUEST INFORMATION FORM

### GENERAL GUEST INFORMATION

Date of Application: \_\_\_ / \_\_\_ / \_\_\_ Completed By: \_\_\_\_\_

Guest First/Last Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Guardian Phone: \_\_\_\_\_

Guest/Guardian Email: \_\_\_\_\_ Guardian Alternative Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Type and severity of disability: \_\_\_\_\_

### ACTIVITY INFORMATION

My favorite activities, special interests, and hobbies are: \_\_\_\_\_

Goals I am working towards or things I would like to try: \_\_\_\_\_

### SELF CARE

Toileting

I need reminding with toileting:  Yes  No

I need assistance when toileting:  Yes  No

Please explain: \_\_\_\_\_

Eating/Dental

I need assistance eating:  Yes  No

Please explain: \_\_\_\_\_

### COMMUNICATION

I communicate by:  Speaking  Signing  Eye Signals  Other \_\_\_\_\_

I am usually able to follow simple directions the first time I am told:  Yes  No

I may often need a direction repeated to me:  Yes  No

Comments: \_\_\_\_\_

**MISCELLANEOUS**

Please indicate if you use the following devices:  Wheelchair  Cane  Walker

Please explain: \_\_\_\_\_

I have vision impairments:  Yes  No

Please explain: \_\_\_\_\_

I wear glasses:  Yes  No

Please indicate any fears of:  Water  Dark  Animals  Heights  People

Other: \_\_\_\_\_

**BEHAVIOR**

Please indicate if you currently or have in the past:

Throw objects at others  Pull own hair  Pull others' hair  Pinch/bite self

Pinch/bite others  Push/shove others  Expose self publicly  Kick/hit others

Other: \_\_\_\_\_

List past or present sexual behavior unacceptable in public situations: \_\_\_\_\_

I am hyperactive:  Yes  No

I am prone to:  Wander  Run

**GROUP PARTICIPATION/BEHAVIOR**

I can most successfully participate at the Discovery Day Program when:

One staff member is responsible for four or five guests:  Yes  No

Do you have any problem behaviors the staff should know about?  Yes  No

If "yes", please specify: \_\_\_\_\_

**PLEASE INDICATE DAYS YOU ARE AVAILABLE TO ATTEND THE SOCIAL DAY PROGRAM:**

Monday  Tuesday  Wednesday  Thursday

**I understand that I am committed to participate for a minimum of a 3 month time period (required for participation).** Guardian/Guest Initial: \_\_\_\_\_

**I certify that the above information is true and complete to the best of knowledge.**

Guardian/Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_