



## Rehoboth Acres Parent Questionnaire for Day Program Enrollment

Thank you for your interest in Rehoboth Acres' Day Program. To ensure we provide the best care and support for your loved one, please complete the following questionnaire with as much detail as possible.

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
Primary Diagnosis: \_\_\_\_\_  
Secondary Diagnoses (if applicable): \_\_\_\_\_

### Health & Medical Information

Does the applicant have any other significant health concerns?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Medications (Please list all prescribed and over-the-counter medications, including dosages and schedules):  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any allergies?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant require assistance with mobility?  Yes  No  
If yes, please describe: \_\_\_\_\_

## Education & Development

Has the applicant attended special education programs?  Yes  No

If yes, please provide details (school, program type, years attended):

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What life skills is the applicant currently working on?

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Does the applicant require assistance with communication?  Yes  No

If yes, please describe: \_\_\_\_\_

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## Government Assistance & Support Services

Does the applicant receive any government assistance? (Check all that apply)

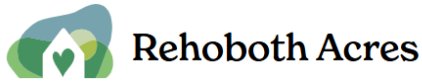
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)
- Medicaid
- Medicare
- Waiver Program (Specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Is the applicant currently receiving services from other programs or agencies?

Yes  No If yes, please list all: \_\_\_\_\_

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### **Interest in Rehoboth Acres Day Program**

Our Day Program offers both full-time and part-time options. Check which you are most interested in:

- Full-time Day Program
- Part-time Day Program

Why are you interested in enrolling your loved one in our day program?

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What specific expectations do you have for our facility and staff?

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What challenges do you hope this program will help to address?

### **Additional Comments**

Is there any other information you want us to know about your loved one?

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