



# FEED *The* NEED

## Feed the Need – Participant Application

Participant's Name \_\_\_\_\_  Male  Female

Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt/Ste \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Does the individual serve as their own legal guardian?    yes \_\_\_\_\_    no \_\_\_\_\_ :

Legal Guardian Name \_\_\_\_\_

Legal Guardian Primary Phone Number \_\_\_\_\_

Legal Guardian Email Address \_\_\_\_\_

**Please provide emergency contact information:**

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

Primary Number: \_\_\_\_\_

**Please list any diagnoses the participant may have and/or services received:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the participant on any special diet? If so, please explain:**

**Does the participant have any allergies? If so, please list them:**

**NOTE:** If the participant lives independently and is filling out this application independently then please sign in all places marked “signature”. If the participant still lives with a parent or guardian then please have that parent or guardian sign in all places marked “signature”.

## Statement of Confidentiality

I, the understated, understand that during my time at St. Gerard House/The Grotto Center, I will be viewing the education of individuals whose identity must be kept confidential from the public. I therefore agree to hold confidential my exposure to and knowledge of all consumer names, diagnoses, and associated individualized programs.

\_\_\_\_\_  
Participant or Parent/Guardian Signature

\_\_\_\_\_  
Date

## Permission for Use of Photographs/Videos

*Please choose one option below:*

I hereby authorize and **give full consent** to St. Gerard House to publish, modify, edit, and display on their webpage or promotional materials any photographs/videos taken for them in which the image of \_\_\_\_\_ (participant name) appears. It is further agreed that St. Gerard House may use these photographs/videos for all internet/web and advertising related to recruitment and promotional activities without compensation.

**I do NOT** authorize or give full consent to St. Gerard House’s use of any photographs/videos taken in which the image of \_\_\_\_\_ (participant name) appears, for public viewing or promotional materials in any way.

\_\_\_\_\_  
Participant or Parent/Guardian Signature

\_\_\_\_\_  
Date

## Contract & Waiver for Feed the Need Program

I, agree that this participant, \_\_\_\_\_ (participant name) meets the following **prerequisite skills**:

- Able to attend to group instruction with minimal prompting
- Basic awareness of social behaviors
- No major risk of harm to self or others
- Desire to improve/willingness to try and participate

I understand that the St. Gerard House staff will do their best to accomplish the following goals:

- Provide professional instruction and maintain a safe (emotional and physical) learning environment for participants.
- Teach social and vocational skills to help build greater social awareness and tolerance to a wider variety of social and work environments within each participant.
- Communicate with participant and/or guardians about progress and areas for improvement.
- Collect data pertaining to targeted skills to ensure participant improvement.

I understand that St. Gerard House reserves the right to withdraw a participant for lewd, aggressive, or self-injurious behavior. St. Gerard House may also require a participant to be provided with a competent assistant or instructor, based upon their ability to function within the group. St. Gerard House would have no obligation to provide payment to any such individual. I also understand that I have the right to withdraw myself and/or the participant for which I provide care from the Feed the Need Program at any time.

I understand that the skills learned in the Feed the Need Program are most successfully maintained and generalized when practiced and supported in a natural social environment. St. Gerard House will provide support to promote success in the natural social environment.

I understand that, while St. Gerard House strives to provide a safe environment for the Feed the Need program, participating in cooking and/or outdoor gardening activities can be dangerous. Such activities pose a risk of physical injury, including the possibility of serious bodily injury or even death. I also understand that damage to property may occur incident to participation. I understand that participants will have supervised access to tools, which may pose a risk of physical harm. I hereby waive, release, agree to indemnity, and discharge St. Gerard House, it's employees, contractors, and volunteers from any and all liability for participant death, disability, personal or emotional injury, property damage, property theft, or actions of any kind, arising out of participation in the Feed the Need program.

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Participant or Parent/Guardian Signature

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Date

# Emergency Transportation Authorization

*Either Part I or Part II needs to be filled out. No Need to Complete Both!*

This form only authorizes St. Gerard House to *secure* emergency transportation for this participant. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment.

## Part 1. Permission to Transport Participant

I/We authorize the St. Gerard House Staff to transport, or secure ambulance transportation for the participant \_\_\_\_\_ to (hospital/clinic) \_\_\_\_\_ for emergency medical care or to (dentist/dental clinic) \_\_\_\_\_ for emergency dental care, or to the most readily available source of assistance.

## Part II. Refusal to Grant Permission

I **do not** give permission to St. Gerard House to transport this participant \_\_\_\_\_ for emergency medical or dental treatment.

In the event of an illness or injury, I wish for the following measures to be taken:

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Participant or Parent/Guardian Signature:	Date:
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# Insurance Information

<b>Insurance Carrier:</b>	<b>Secondary Insurance (if none, please write none):</b>
<b>Name of Policy Holder:</b>	<b>Name of Policy Holder:</b>
<b>Name of Insured:</b>	<b>Name of Insured::</b>
<b>Policy Number:</b>	<b>Policy Number:</b>
<b>Coverage Effective Date:</b>	<b>Coverage Effective Date:</b>
<b>Coverage End Date:</b>	<b>Coverage Ends Date:</b>

**\*\*\*Copy of Medical Insurance Card MUST be attached\*\*\***

# Household Information

<b>Annual Household Income BEFORE taxes and deductions:</b>	<b>Annual Household Income AFTER Taxes and Deductions:</b>
<b>Number of Persons Physically in Home:</b>	<b>Supplemental Income (Alimony, Child Support, SSI, etc.):</b>
<b>Exceptional Circumstances Affecting Income: (illness in family, loss of employment, etc.):</b>	<b>Any Immediate Needs of the Family: (food, housing, etc.)</b>

## Financial Agreement for Feed the Need Program

I understand, and agree that the total cost for the Feed the Need Session is \$225. I also understand that payment for classes is due by the 2<sup>nd</sup> class unless a payment plan has been pre-arranged with the St. Gerard House office.

Refunds are only provided if the participant is withdrawn before the second class. Please complete the following information upon enrollment. If financial assistance is required, please contact the St. Gerard House office as soon as possible to outline a payment plan.

<b>Participant or Parent/Guardian Signature</b>	<b>Date</b>
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## Supplemental Information

To help us individualize the goals and needs of the participant, please complete the following information. Thank you!

- 1.) What are some things that the participant likes (reinforcers)?
  
  
  
  
  
- 2.) What are some things that the participant does not like? Specifically, please list anything in the environment that might evoke problematic behavior?
  
  
  
  
  
- 3.) Please list and describe any behaviors that might interfere with the participant's ability to function within the community or group settings.
  
  
  
  
  
- 4.) Please list any tasks that the participant regularly needs assistance with?
  
  
  
  
  
- 5) When the participant is upset, please describe the scope of behaviors:
  
  
  
  
  
- 6.) Please list 3 skills you would like to have targeted for individualized goals.
  
  
  
  
  
- 7.) Besides working towards individualized goals, what are your expectations for this program?

# BLANKET PERMISSION FOR ROUTINE TRANSPORT

I, \_\_\_\_\_

(parent written name)

give permission for \_\_\_\_\_

(Child's name)

to be transported to The Grotto Therapeutic Center ("Grotto 2").

Please circle DAYS transportation is needed: M T W TH F

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Method of Travel: The St. Gerard/The Grotto Therapeutic Center Company Van

Transportation Provider(s)/ DRIVER (s) Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other important information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission to transport is valid for \_\_\_\_\_ to \_\_\_\_\_. (up to 12 months)

Signature of  
Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_