



Name: _____

Contact: _____

Yes, I will attend the Day of Spiritual Renewal _____ (please check)

Please use this space to indicate the assistance needed; check yes or no on each line.			
	YES	NO	COMMENTS
Eating			
I need food cut			
I need to be fed			
Any special dietary restrictions:			
Bathroom use			
Using the toilet			
I have a catheter			
I use disposable, absorbent pads			
My mobility			
I use a wheelchair			Manual or Electric (circle one)
I can transfer from my wheelchair without assistance			
I use a walker			
I use another mobility assistive device			If so, explain:
I have paralysis			Right side: arm__ hand__, leg__, foot__, facial __ Left side: arm__ hand__, leg__, foot__, facial __
My vision			
I have no vision			
My vision is limited			
I use a cane			
I read Braille			
My hearing			
My hearing is limited			Left side: ____ Right side: ____ Both sides: ____
I need an interpreter			
My speech is easily understood			
Others need to listen closely			
I use assistive technology to be understood			If so, explain:
Please use this space to tell us if other accommodation is needed.			

If you need assistance completing this document, please call Margarita Castellon at 954-821-6077. Otherwise, mail to
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