



RHODE ISLAND SOCIAL SKILLS ACADEMY

Boys & Girls Club of Newport County

95 Church Street Newport RI 02840

Rissa1.newport@gmail.com

<https://rissanewport.com/>

(401)935-2419

RISSA Application Packet

- Please complete and submit attached form
- RISSA will contact you to schedule a program visit and to address any other concerns
(Please Print)

PARTICIPANT INFORMATION

NAME: _____

DOB: _____ Age: _____ Gender: Male _____ Female _____

ADDRESS: _____

EMAIL: _____

CELL PHONE NUMBER: _____

PARENT/GUARDIAN NAME: _____

PARENT(S) HOME PHONE: _____ PARENT(S) CELL: _____

PARENT(S) WORK NUMBER: _____

ALTERNATE EMERGENCY CONTACT NAME AND NUMBER: _____

PERSON PARTICIPANT MAY BE RELEASED TO IF PARENT/GUARDIAN CAN'T BE REACHED:

NAME: _____

CONTACT NUMBER: _____

PLEASE CHOOSE DAYS THAT YOU WILL ATTEND

\$50.00 per day. Program runs from 9:00 AM to 1:00 PM each day.

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

DOES PARTICIPANT HAVE A RIPTA PASS? Yes: _____ No: _____

HOW WILL HE/SHE COME TO THE ACADEMY EACH DAY? _____

HOW WILL HE/SHE GO HOME EACH DAY? _____

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

APPLICANT PROFILE:

NAME: _____

DISABILITY/DISABILITIES: _____

MEDICAL ISSUES/ALLERGIES: _____

DAILY MEDICATIONS: _____

In the event of an emergency we will call you or call 911, for medical assistance. Any medications will need to be administered at home as there are no medical personnel in our program.

PRIMARY PHYSICIAN:

Name: _____ Phone: _____

Address: _____

STRENGTHS: _____

WEAKNESSES: _____

LEVEL OF INDEPENDENCE (DESCRIBE): _____

MOBILITY SKILLS: (DESCRIBE): (Must be able to ambulate over long distances independently and/or with assistance of applicant's own support staff) _____

BEHAVIORAL CHALLENGES (DESCRIBE): (Applicant will follow the rules and expectations in any community setting)

DOES PARTICIPANT HAVE A ONE-ON-ONE SUPPORT STAFF: Yes: _____ No: _____

WHAT SKILLS REQUIRE ASSISTANCE: _____

ARE THERE ANY OTHER CONCERNS REGARDING PLACEMENT IN THE PROGRAM: _____

Admission is not guaranteed. RISSA, it's board or staff reserve the right to admit or decline acceptance of applicants.

I (parent/guardian signature) _____ will not hold the Rhode Social Skills Academy responsible for any decisions regarding placement or dismissal from the program. Date: _____