



CNP Community Services Respite Registration Form

Guardian/Caregiver Information

FirstName: _____ Last Name: _____

Street Address: Apt#: _____

City: _____ State: _____ ZipCode: _____

Home: _____ Cell: _____ Alternate: _____

Email Address: _____

Individual Information

First Name: _____ Last Name: _____

Preferred Name: _____

Gender: ☐ Male ☐ Female Age: _____ D.O.B: _____

Street Address: _____ Apt#: _____
(if different from Caregiver)

City: _____ State: _____ ZipCode: _____

Individual's Allergies: _____

Please complete the Medication List attached with This Application

Community/Employment Setting:

☐ Not Working ☐ Day Program ☐ Secondary/ Training Setting ☐ Employed

Special Needs/Diagnosis:

☐ Learning Disability ☐ Behavioral Challenge ☐ ADHD
☐ Cerebral Palsy ☐ Intellectual Disability ☐ Autism
☐ Down Syndrome ☐ Emotional Disability ☐ Other: _____

What effects has this condition had on the individual? Motor skills, communication, personality, behavior?

Does the individual use an assistive device? (Examples: verbal skills, motor skills, communication skills, personality, eating issues)

Type For

Can the individual participate in the activities with a small group (2-10 total) of other individuals? ☐ YES ☐ NO

Has the individual participated in group activities before (i.e., another organization)? If so, how did they handle/react to the interaction?

Does your individual have a history of Eloping? Please explain.

Does your individual have any behavioral problems that we should know about? If yes, how should we best deal with the Behavior?

What activities would the Individual enjoy or promote his/her success?

What activities would typically frustrate, anger, and/or present a challenge to the individual?

How does the individual adjust to new environments? What are some steps and/or activities that we could use to help the Individual?

How does the individual transition to new and/or different activities? What are some steps/activities that we could use to help the Individual?

How does the individual communicate his/her wants and/or needs?

EMERGENCY INFORMATION

First Name: _____ Last Name: _____

Relationship to the Individual: _____

Home: _____ Cell: _____ Alternate _____

Email: _____

Street Address: _____ Apt.# _____

City: _____ State: _____ ZipCode: _____

Individual's Primary Physician

First Name: _____ Last Name: _____

Street Address: _____ Suite# _____

City: _____ State: _____ ZipCode: _____

Office Number: _____

Insurance Name: _____

Insurance/Group Number: _____



Consent for Emergency Treatment

_____, is unable to give consent for
(Client name)

medical treatment. Therefore I, _____

(Guardian Name if not his/her own Guardian)

as his/her Guardian, hereby authorize CNP Community Services to seek and obtain emergency medical care for him/her. If in the judgment of the attending physician and/or the treating medical professionals medical care which may include surgery is deemed necessary, I will be notified as soon as possible.

Emergency Contact

Phone Number

Guardian/ Client Signature

Date

CNP Community Services LLC

47 Park Avenue | Floor 3 | West Orange, NJ 07052

E: programs@mycnp.services | O: (973) 731 1101

www.cnpcommunityservices.com



CNP Community Services Photo Consent Form

I hereby give CNP Community Services, and all employees and/or agents of CNP Community Services, the right and permission to use and/or publish photographs of me for art and promotional purposes including but not limited to, advertising, publicity, commercial, or display of use. Also authorize my photos to be posted on social media, such as Facebook, Twitter, and the office's website page.

Release of Claims

I hereby release and discharge CNP Community Services and all persons functioning under his/her permissions or authority from any legal or equitable claims including but not limited to the following: blurring of the image(s), alteration, distortion or use in composite form, libel, invasion of privacy or any claims based on the production or in the process of recording or publishing the materials.

Initial the following:

____ Yes, you may use my photos.

____ No, please do not use my photos.

Print Name of Client/Guardian

Signature of Client/Guardian

Date

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