

Events Extraordinaire' Inc. P.E.P. Center  
16000 Middlebelt Rd. Livonia, MI 48154  
Phone: (734) 524-0378 Fax: (734) 524-0379  
[www.thepepcenter.com](http://www.thepepcenter.com)

Dear Potential P.E.P. Center Participant/Family/Caregiver,

Thank you for showing interest in making the P.E.P. Center your skill building home!

We have included the attached documents to be completed so that we can assess if our services match what your needs are.

Please read the menu of services and see if you are interested in learning these skills and participating in meaningful life activities.

The P.E.P. Center Intake packet and Emergency Contact form are two sided documents and MUST be completed for us to consider you making P.E.P. your skill building home.

Once you have turned these documents into our management team, we will review them and contact you within the week to ask any clarifying questions.

Please be aware that we are operating on a wait list currently for new participants/clients so filling out this packet DOES NOT indicate admittance to our program, it is simply a request for management to assess and decide if we are able to offer the services needed/requested by the client.

If we are able to provide services, we will contact you to schedule a meeting regarding consent and treatment forms to be signed as well as a review of expectations for all parties involved.

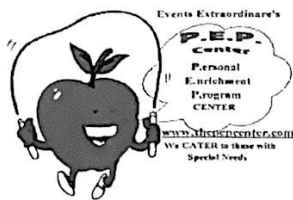
Please note that you will need to make copies for our records of the following documents:

- State identification card
- Social security card
- Medical Insurance card(s)
- COVID vaccination record (**CURRENTLY vaccination is required to attend P.E.P.**)
- Guardianship/Power of Attorney paperwork

Thank you for your consideration and cooperation!

Sincerely,

Cindy and Nicole Scaglione



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### MENU of SERVICES PROVIDED

**SKILL BUILDING SERVICE:** An array of skills for an individual to achieve maximum independence in employment skills, including their ability to successfully engage in daily living and enrichment skills

Relationship Building (Potential Employment: Retail/Restaurant Greeter, Receptionist, etc.)

- Greeting of staff and peers
- Eye contact
- Turn taking

Puzzle Work (Retail- bagging merchandise, stocking shelves, etc.)

Works on improving:

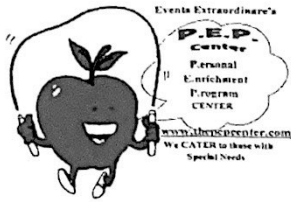
- Problem solving skills
- Spatial awareness
- Fine motor skills
- Matching
- Sorting
- Attending to a task
- Task completion

Calendar Review (used for understanding a work schedule)

- Days of the week
- Months of the year
- Identifying holidays
- Counting
- Number recognition/identification
- Reading a schedule
- Following a schedule
- Following directions to complete tasks listed on a schedule

Office/Clerical Skills

- Paper shredding
- Alphabetizing
- Stuffing envelopes
- Sorting by zip code
- Computer skills/typing
- Lamination
- Photocopying



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#### Laundry Skills

- Matching and sorting by color or size
- Folding
- Hanging and sorting
- Measuring laundry soap

#### Retail Associate Skills (Greeter, Stocker, etc.)

- Matching greeting cards to envelopes
- Greet customers
- Pricing merchandise
- Stocking merchandise
- Straightening merchandise
- Sorting merchandise
- Janitorial tasks
- Counting money
- Making Change
- Bagging items
- Sorting merchandise

#### Janitorial Skills

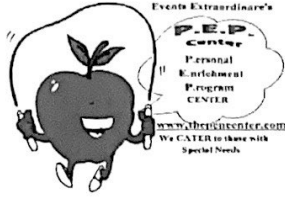
- Sanitizing
- Wiping different surfaces
- Mopping
- Washing Dishes
- Using a Dishwasher
- Trash collection
- Practicing safety / Universal Precautions
- Vacuuming
- Posting signs for safety

#### Food Prep/Cooking Skills

- Reading recipes
- Making shopping lists
- Recognize and identify tools/materials needed
- Discuss and practice kitchen safety
- Complete kitchen cleanup

#### Fitness

- Improve/maintain gross motor skills
- Improve/maintain range of motion
- Leading a group
- Following leaders instructions
- Stretching



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#### Miscellaneous Activities/Skills

- Emergency preparedness
- Health/nutrition
- Safety procedures
- Hygiene
- Leisure/Recreational skills
- Choice making
- Following directions
- Asking for help

#### Community Partners (utilized with COVID safety precautions considered first)

- Michigan Rehabilitation Services (MRS)- division of Michigan Dept. of Health and Human Services (provide clients with disabilities an opportunity to practice interview skills, and seeking employment when positions are open with the P.E.P. Center)
  - OJT a.k.a. On the Job Training
- Pi Beta Sigma Fraternity
- Goodfellows (food drive/collection)
- Kiwanis Aktion Club (promotes leadership, inclusion, community services, etc.)
- Livonia Fire Department (annual trips or more)
- Livonia Police Department (annual trips or more)
- AAA Pregnancy Center (trash pickup and sorting donations)
- U of M Dental program/project

#### Examples of Projects / Activities involving our Community:

*(Utilized with COVID safety precautions considered first)*

- Grocery store
- Tim Hortons
- Clothing donations
- Staff family members visit
- Community members purchasing greeting cards
- Participant family members visit to drop off materials or observe/participate in activities
- Car wash fundraiser for P.E.P. Activities fund
- Kiwanis Aktion Club- shoe drives, P.E.P. Coloring book creation, sponsor family in need at the holidays
- Backpack drive to donate school supplies for new school year

#### Respite/Recreation Activities

- Bingo
- Uno
- Wii
- Computer Games (social skills, grocery shopping, recreation, relationship building, etc.)
- Dance party
- Movie



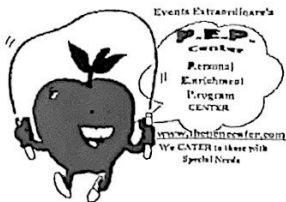
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Friday Fitness (occurs with COVID safety precautions considered first)

- Held every other Friday
- Facilitated by a certified adapted special education teacher
- 4-5 p.m. in length

Friday Fun Night (occurs with COVID safety precautions considered first)

- Held every other Friday (opposite of Friday Fitness)
- Participants choose their activities
- Participants may bring friends who register
- Staff encourages relaxation or recreation activities of the participants choice including socialization



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## P.E.P. Center Intake Packet

Please complete this form in its ENTIRETY!

If all fields are not filled out, we are not able to consider accepting your request to attend until these are filled out.

This is so that we can fully understand what the needs of the individual are, and how we can best serve them in working toward their goals.

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**\* Required**

1. Preferred Start Date \*

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*Example: January 7, 2019*

2. Today's Date \*

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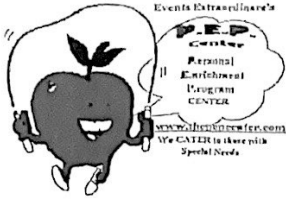
*Example: January 7, 2019*

3. Name \*

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4. Phone Number \*

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5. Date of Birth \*

\_\_\_\_\_  
*Example: January 7, 2019*

6. Current Age

\_\_\_\_\_

7. Gender

*Mark only one oval.*

☐ Female

☐ Male

☐ Prefer not to say

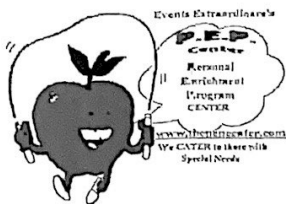
☐ Other: \_\_\_\_\_

8. Social Security Number (last 4 digits) \*

\_\_\_\_\_

9. State ID/Driver's License # \*

\_\_\_\_\_



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10. Current Address (Street # and Name, City, State, Zip Code) \*

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11. Type of Residence

*Mark only one oval.*

- ☐ Group Home  
☐ Apartment  
☐ Family Home  
☐ Own Home

12. Staffing in Home

*Mark only one oval.*

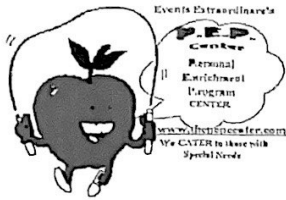
- ☐ Someone is with me at all times  
☐ Some is with me as needed  
☐ Someone checks in with me

13. Current Managed Care Provider

*Mark only one oval.*

- ☐ Community Living Services (CLS)  
☐ DWIHN (Detroit Wayne Integrated Health Network)  
☐ I am not with a Managed Care provider





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14. Current Supports Coordinating Agency \*

*Mark only one oval.*

- ☐ Goodwill
- ☐ Community Living Services (CLS)
- ☐ NSO
- ☐ MORC
- ☐ Guidance Center
- ☐ Wayne Center
- ☐ STEP
- ☐ All Well Being

15. Support Coordinator (Name and Phone #)

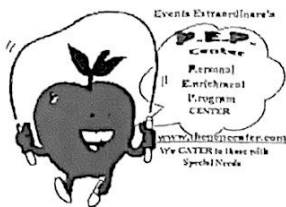
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16. Primary Diagnosis \*

*Mark only one oval.*

- ☐ Autism
- ☐ ADHD
- ☐ Mild Cognitive Impairment/Mental Retardation
- ☐ Moderate Cognitive Impairment/Mental Retardation
- ☐ Severe Cognitive Impairment/Mental Retardation
- ☐ Cerebral Palsy
- ☐ Developmental Delay
- ☐ Other (Please Specify) \_\_\_\_\_

17. Secondary Diagnosis/Conditions

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18. List Programs/Schools Attended by Individual for past 5 years \*

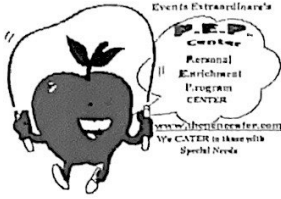
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19. List any Volunteer/Employment Placements within the last 2 years

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20. Transportation Needs \*PLEASE NOTE: this may or may not be available, SELECT ALL THAT APPLY! \*

*Check all that apply.*

- ☐ I can provide my own transportation to and from P.E.P.  
☐ I will need partial transportation to/from P.E.P.  
☐ I will need transportation to AND from P.E.P.  
☐ I would like to hear more about transportation options

21. Describe Individual's Physical Needs (toileting, feeding, lifting, etc.) \*

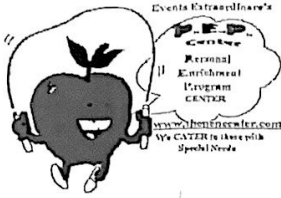
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22. Describe Individual's Behavioral Support Needs \*

*Check all that apply.*

- ☐ I have no concerning behaviors and don't need help with self-control
- ☐ I will need occasional gentle reminders to help with self-control
- ☐ I will need help a couple times a day to help with self-control
- ☐ I will need help several times a day to help with self-control
- ☐ I will need someone sitting within arms length of me at all times to help me with self-control
- ☐ Please what behavior(s) individual will need help to control:

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23. List individual's triggers to becoming upset and needing assistance

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24. Describe how we can best help the individual when they are upset ?

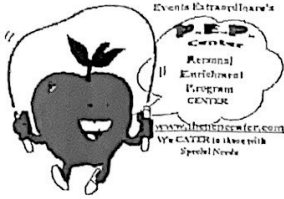
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25. List any allergies and how the person reacts when exposed to those allergens:

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26. Select any Health Risks we need to monitor for \*

*Check all that apply.*

- ☐ Choking  
☐ Food Stealing  
☐ Elopement (leaving area of supervision)  
☐ Fecal Smearing  
☐ Anal Digging  
☐ Soiling ones self  
☐ Seizures  
☐ Other \_\_\_\_\_

27. Does the individual have seizures or take medication to control seizures?

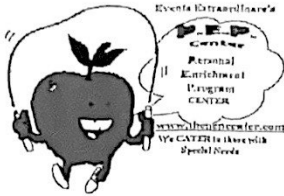
*Check all that apply.*

- ☐ Yes  
☐ IF yes, when was last seizure episode  
☐ If yes- describe what seizure episodes look like:

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☐ No



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28. Select all that apply and Describe individual's personal care ability (toileting, hand washing, sanitizing, general cleanliness/hygiene) \*

*Check all that apply.*

- ☐ I will ask for help with personal care/Let you know when I need to go
- ☐ I will not ask for help with personal care
- ☐ I need help sometimes with personal care.
- ☐ I need help daily with personal care tasks.
- ☐ If help is needed, list what and how often and what needs the individual has

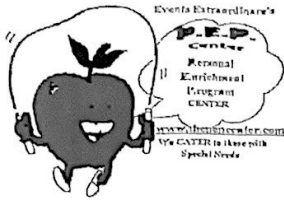
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☐ I don't need help, I can complete all personal care tasks independently

29. Select all that apply and Describe individual's verbal communication preferences and abilities

*Check all that apply.*

- ☐ I use verbal communication
- ☐ I do not use verbal communication
- ☐ I use a device to communicate with others (Please list device)
- ☐ I use pictures to communicate with others
- ☐ I use vocalizations to communicate with others
- ☐ I use eye gaze to communicate with others
- ☐ I need assistance communicating. Circle (Verbally, using a device, using pictures)
- ☐ I can make choices using objects
- ☐ I can make choices using pictures



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30. Select all that apply and describe individual's ability to understand directions \*

*Check all that apply.*

- ☐ I can understand what you're saying, but may or may not follow your directions/respond
- ☐ I can understand what you're saying and require time to process and respond
- ☐ I can follow one step directions
- ☐ I can follow two step directions
- ☐ I can follow multi-step directions independently
- ☐ Describe Prompting Style that works best Circle one: (Verbal, Gestures, Non-Verbal, Physical, Hand over Hand)

31. Select all of the Prompting / Assistance styles that work best \*

*Check all that apply.*

- ☐ No prompting needed
- ☐ Verbal (using word(s) to capture attention)
- ☐ Gestures (pointing to choice/object, catching attention)
- ☐ Physical (Guide/Support hand physically toward choices)
- ☐ Hand over Hand (Physically support individual's hand to participate)

32. List and describe ALL health conditions and Risks of Harm (i.e. eloping, fall risk, choking risk, skin breakdown risk, etc.) \*

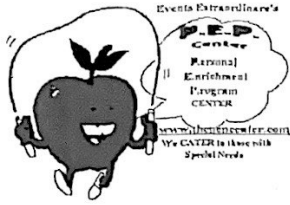
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33. List all medications prescribed by a physician (include medication names and purpose below. PLEASE NOTE: Physician's orders/prescriptions are required for all medications to be administered by P.E.P. staff. \*\*\*\*\*MUST NOTIFY PEP OF ANY CHANGES TO MEDICATION WITHIN 24-48 HOURS OF DOCTORS CONSULTATION\*\*\*\*\* \*

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34. Signature ( I hereby certify that I have answered these questions truthfully and to the best of my ability) TYPE OR PRINT NAME to agree \*

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