



ADULT PROGRAM INTEREST FORM

We appreciate your interest in Alpha Resource Center's adult day program offerings. While it is our goal to provide services to any qualifying individual who wants to attend one of our adult day programs, openings are not always available.

This form has two purposes. First, it lets Alpha know of your interest in attending an Alpha adult day program. Second, it provides Alpha with information that will be used to assess who may be a fit for a program opening if and when one becomes available.

Please complete all fields below as they apply *at this point in time* to you or the individual you represent. An Alpha representative will contact you on an annual basis to ensure all information is correct and up to date. **Completion or submission of this form does not guarantee admission to an Alpha adult day program, nor does it create priority for admission if and when an opening becomes available.** *This form is solely a notice of interest.*

Individuals deemed to be a fit for a program opening, at the sole discretion of Alpha Resource Center, will be contacted about the opening and instructed on next steps. **Contact from Alpha about a program opening is not a guarantee of admission; it is only an inquiry to assess actual fit.** *Alpha cannot guarantee authorization from Tri-Counties Regional Center for admission into any Alpha adult day program even if Alpha determines an actual fit.*

PERSONAL INFORMATION

FIRST/LAST NAME: _____

DOB: ____/____/____

STREET ADDRESS: _____

PHONE: (____) ____ - _____

CITY/STATE/ZIP: _____

EMAIL: _____

SERVICE COORDINATOR: _____

UCI#: _____

ADDITIONAL CONTACT/REPRESENTATIVE:

FIRST/LAST NAME: _____

PHONE: (____) ____ - _____

RELATIONSHIP: _____

EMAIL: _____

CURRENT DAY SUPPORT

___ NONE/AT HOME

___ IN SCHOOL OR TRANSITION PROGRAM (INDIVIDUAL MUST BE NO MORE THAN 18 MONTHS FROM END DATE)

SCHOOL: _____ EXPECTED END DATE: ____/____/____
MONTH YEAR

___ DAY PROGRAM OR SUPPORTED EMPLOYMENT

ORGANIZATION: _____ YEARS IN ATTENDANCE: _____

(SUPPORTED EMPLOYMENT ONLY) HAS A JOB COACH: ___ YES ___ NO

WHY WOULD YOU LIKE TO SWITCH TO AN ALPHA ADULT PROGRAM (DAY PROGRAM/EMPLOYMENT ONLY)?

PROGRAM INTEREST DETAILS

I AM INTERESTED IN THE FOLLOWING PROGRAM(S):

___ CATOAKS ___ SLINGSHOT ___ EMPLOYMENT SERVICES ___ CULINARY ARTS
(GENERAL DAY PROGRAM) (ART STUDIO PROGRAM) (SELECT: ___ INDIVIDUAL OR ___ GROUP)

I AM INTERESTED IN THE FOLLOWING ACTIVITIES (SELECT ALL THAT APPLY):

___ EXERCISE/YOGA ___ GARDENING ___ MOTOR SKILLS ___ SOCIAL ACTIVITIES
___ TEAM SPORTS ___ MUSIC/BAND ___ DANCING ___ PERFORMING ARTS
___ SHOPPING ___ ARTS AND CRAFTS ___ COOKING ___ VOLUNTEERING
___ OUTINGS ___ SELF ADVOCACY ___ NEW SKILLS ___ EARN INCOME/WORKING

___ OTHER: _____

[SLINGSHOT ONLY]

___ PAINTING ___ DRAWING ___ SCULPTURE ___ CERAMICS
___ PRINT MAKING ___ PHOTOGRAPHY ___ FIBER ARTS (EMBROIDERY, SOFT SCULPTURE)
___ DIGITAL ART ___ VISITING COMMUNITY GALLERIES/MUSEUMS/STUDIOS

___ OTHER: _____

I AM INTERESTED IN ATTENDING:

___ FULL TIME, ONE PROGRAM (MON-FRI, APPROX. 9:00A-3:00P)

___ FULL TIME, MULTIPLE PROGRAMS

___ PART TIME, ONE PROGRAM WHICH DAYS? ___ MON ___ TUES ___ WED ___ THURS ___ FRI

___ PART TIME, MULTIPLE PROGRAMS DAYS? ___ MON ___ TUES ___ WED ___ THURS ___ FRI

___ OTHER EXPLAIN: (I.E., MORNINGS ONLY) _____

ABOUT ME

HOW I COMMUNICATE:

___ BY SPEAKING ___ I DO NOT SPEAK ___ USING GESTURES/FACIAL EXPRESSIONS

___ SIGN LANGUAGE ___ COMMUNICATION DEVICE ___ PICTURE COMMUNICATION SYSTEM

___ OTHER EXPLAIN: _____

YOU SHOULD KNOW:

___ I AM BLIND ___ I HAVE LIMITED VISION ___ I USE A WHEELCHAIR

___ I AM DEAF ___ I HAVE LIMITED HEARING ___ I NEED HELP GETTING OUT IN AN EMERGENCY

I NEED HELP WITH:

___ TOILETING ___ DRESSING ___ FEEDING MYSELF ___ TAKING MEDICATIONS

___ HANDLING MONEY ___ GETTING AROUND THE COMMUNITY

___ HANDLING DIFFICULT SITUATIONS THAT UPSET ME

___ OTHER EXPLAIN: _____

I NEED SUPPORT FROM STAFF:

___ ALL THE TIME ___ WITH CERTAIN TASKS OR IN CERTAIN SETTINGS ___ RARELY

AND CAN BE SAFELY SUPPORTED IN A (SELECT ONE) ___ 1:1 RATIO OR ___ 1:4 RATIO

OTHER THINGS YOU SHOULD KNOW ABOUT PROVIDING ME SUPPORT:

ACKNOWLEDGEMENT OF UNDERSTAND

IN SIGNING AND SUBMITTING THIS ALPHA RESOURCE CENTER ADULT PROGRAM INTEREST FORM,

I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. This request form expresses my interest in attending an adult day program at Alpha Resource Center. It does not guarantee I will receive services from Alpha.
2. My name may not come up for consideration for an extended time or ever.
3. If and when an opening becomes available, I may not be considered because I am not the best fit for the opening in Alpha's discretion or because I need a different type of service (such as non-ambulatory clearance or 1:1 support).
4. Contact from Alpha about a program opening is not a guarantee of admission; it is only an inquiry to assess actual fit. Alpha cannot commit to serving me until a full plan for services is developed with me and the plan is authorized by Tri-Counties Regional Center.

SIGNATURE (INDIVIDUAL OR REPRESENTATIVE): _____

PRINT NAME: _____

DATE: _____