New Transitions Center – New Member Application

The New Transitions Center (The Center) does not discriminate on the basis of race, color, ethnicity, religion, age, or gender in its admissions policy or programs. The Center supports young adults with varying degrees of intellectual, developmental, and physical disabilities. As The Center serves those that have a more profound need we cannot accept individuals who exhibit high and frequent behavioral incidents to ensure safety for all. We strive to maintain a 1:4 staff to member ratio to ensure quality programming and care for your loved ones.

This form will be used to get to know each member and their individual needs. Information gathered will inform our staff training and unique programming as it pertains to Members. We take pride in creating programs around our members' likes, dislikes, wants and needs to best ensure The Center meets their goals.

Please complete this form with as accurate and as up to date information so we may best serve the member's needs.

MEMBER PERSONAL INFORMATION			
First Name			
Last Name			
Address			
D.O.B.		**Gender**	
Marital Status		**TX ID/DL**	

DIAGNOSIS	
Primary Disability Diagnosis	
Secondary Disability Diagnosis	

GUARDIANSHIP			
Is the Member their own Guardian?	☐ No ☐ Yes		
If NO - List Member's guardian below			
Guardian Name		**Guardian Relationship**	
***Please attach guardianship paperwork to this application**		**Guardianship Exp Date:**	
If Yes - Who do we have permission to talk to regarding Member planning and progress:			
Name		**Relationship**	
Name		**Relationship**	
Member Lives with:	☐ Self ☐ Both Parents	☐ Mother ☐ Father	☐ Group Home ☐ Other

PRIMARY PARENT/CAREGIVER/GUARDIAN INFORMATION **Additional Parent/Caregiver/Guardian information will be collected at a later time*			
Name		**Relationship**	
Address	☐ Check if same as Member above otherwise list below:		
Employer		**Work Phone**	
Cell Phone		**Home Phone**	
EMail			

FUNCTIONAL SKILLS	
Communication	☐ Verbal ☐ Non-Verbal
Any communication devices used (and will this be made available to the Center?) If so describe below:	
Is the Member ambulatory?	☐ Yes ☐ No
Does the Member require adaptive equipment? (ie. Walker, wheelchair, crutches etc.) ☐ No ☐ Yes, If Yes, please describe below:	
Does the Member require special assistance for long distances or while attending outings? equipment? (ie. Walker, wheelchair, crutches etc.) ☐ No ☐ Yes, Please describe below:	

TOILETING AND PERSONAL HYGIENE Please select the option that best describes your Member's toileting needs:		
☐ Independent ☐ Minimal Support	☐ Total Support	☐ Adult Diaper or Pull-Up ☐ Other
Describe toileting needs below:		

Female Members require menstrual assistance?	☐ No ☐ Yes, If Yes Describe Needs Below:

FEEDING - Please select the option that best describes your Member's feeding needs:		
☐ Independent	☐ Hand-over-Hand ☐ Minimal Support (Heating/Cutting Up)	☐ Total Support (Feeding Tube, Puree Food, etc)
Describe feeding needs below:		

DRESSING - Please select the option that best describes your Member's dressing needs		
☐ Independent	☐ Minimal Support	☐ Total
Describe dressing needs below:		

BEHAVIOR PATTERNS			
Check all that apply	**Frequently**	**Sometimes**	**Never**
Tantrums	☐	☐	☐
Scratches	☐	☐	☐
Steals	☐	☐	☐
Hyperactive	☐	☐	☐
Screams	☐	☐	☐
Pulls Hair	☐	☐	☐
Withdrawn	☐	☐	☐
Runs Away	☐	☐	☐
Bites	☐	☐	☐
Kicks	☐	☐	☐
Moody	☐	☐	☐
Pinches	☐	☐	☐
Head Bangs	☐	☐	☐
Self-Injurious Behavior	☐	☐	☐
Aggressive	☐	☐	☐
Spits	☐	☐	☐
Slaps	☐	☐	☐
Destructive	☐	☐	☐
Bad Language	☐	☐	☐
Other:	☐	☐	☐

Further explanation of above checked items below:
Are there things that bother him/her? (Loud noises, change of routine, large crowds, etc.) Please describe below:
Use the space below to describe his/her day-to-day behavior? (Quiet, hyperactive, social, aggressive):

LIKES/DISLIKES		
Reading (Check where Member is currently performing at)	☐ Reads Independently ☐ Cannot Read	☐ Member can read simple phrases
Writing (Check where Member is currently performing at):	☐ Writes Independently ☐ Cannot Write	☐ Member can write simple phrases
Hobbies (Check any and all that the Member enjoys):	☐ Board Games ☐ Fitness ☐ Crafts ☐ Video Games ☐ Music ☐ Reading ☐ Bowling	☐ Gardening ☐ Cooking ☐ Sports ☐ Computer/iPad ☐ Instruments ☐ Art ☐ Other
Favorite Things: What are the Members absolute favorite things to do?		
Least Favorite Things: What are the Members absolute Least Favorite things to do?		
Favorite Food: What is the Members favorite food?		
Least Favorite Food: What is the Members least favorite food?		

People: Who are the Members favorite people to spend time with?
Fears: Does anything frighten the Member?
Soothing: What is something calming to the Member?

HEALTH INFORMATION *Detailed information regarding medication, seizures and allergies will be collected at a later time	
Medications: Does the Member take any medications?	☐ No ☐ Yes
Seizures: Does the Member have seizures?	☐ No ☐ Yes ☐ Check if Member has a Vagus Nerve Stimulator for seizures
Allergies: Does the Member have Allergies?	☐ No ☐ Yes ☐ Check if Member needs an EpiPen or AuviQ

ADAPTIVE EQUIPMENT: Does the Member use any of the following equipment: (Check all that apply) *Detailed information regarding adaptive equipment will be collected at a later time		
☐ Glasses ☐ Wheelchair ☐ Walker Wheelchair ☐ Adaptive Shoes ☐ Communication Device ☐ Shunt ☐ White Cane ☐ G-Tube	☐ Contact Lenses ☐ Transport Wheelchair ☐ Cane Crutches ☐ Shoe Inserts ☐ Adaptive Utensils ☐ Diapers ☐ Inhaler	☐ Hearing Aids ☐ Power Wheelchair ☐ Braces ☐ Orthotics ☐ Artificial Limb ☐ Pull Ups ☐ EpiPen ☐ Other

ACTIVITIES: Member currently receives the following therapies, check all that apply				
☐ Massage ☐ Art	☐ Speech ☐ Play	☐ Physical ☐ Behavioral	☐ Occupational ☐ Horseback Riding	☐ Music ☐ Animal
☐ Other:				

PERSONAL GOALS What areas would the Member like to focus on while at The Center? (Select all that apply)	
☐ Life Skills ☐ Communication ☐ Independent Eating ☐ Safety Skills ☐ Social Skills ☐ Laundry ☐ Other	☐ Community Engagement ☐ Physical Activities ☐ Independent Toileting ☐ Personal Hygiene ☐ Arts & Creative ☐ Cognitive
Anything else that you feel is pertinent to include in this application? If so, please describe below:	

In signing the below, I confirm that the information given in this form is true, complete and accurate and have or will provide any and all additional information requested, listed below:

● Digital Headshot Photo ● Member Identification Card (DL, State ID) ● Copy of Guardianship Documents ● Copy of Medical Insurance Card ● DARs Agency Evaluations (if applicable)	● Individual Education Plan (IEP) or Full Individual Evaluation (FIE) or Individual Transition Plan (ITP) ● Signed and completed Member Packet ● Signed Membership Contract

MEMBER NAME	
MEMBER OR PARENT/LEGAL GUARDIAN'S SIGNATURE	
DATE	