



David's Promise Participant/Prospect Medical & Background Information

*Please fill out this form completely.
(ALL INFORMATION IS CONFIDENTIAL)

Name: _____ Nickname _____ Date of Birth: _____

Are you presently a David's Promise participant? Yes _____ No _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home / Cell _____ Email: _____

Parent(s) or Guardian(s): _____

Address (if different from above): _____

Parent(s) or Guardian(s) Phone Number: _____ Email: _____

Emergency Contact (Other than above): Name: _____ Phone: _____

MEDICAL HISTORY

Primary Diagnosis (if applicable): _____

PLEASE ANSWER (YES) OR (NO) TO THE FOLLOWING QUESTIONS. DOES PROSPECT/PARTICIPANT....

- | | | |
|--|-----|----|
| -Need assistance feeding him/her self? | Yes | No |
| -Have any type of seizure disorder | Yes | No |
| -Need assistance in the restroom | Yes | No |
| -Take medication during DP hours | Yes | No |
| -Uses alternate form of communication | Yes | No |
| -Have any food allergies | Yes | No |
| -Use sensory devices | Yes | No |
| -Have other allergies | Yes | No |
| -Have any behavioral concerns | Yes | No |
| -Use a gastrostomy/feeding tube | Yes | No |
| -Have other concerns not mentioned | Yes | No |
| -Use assistive mobility devices | Yes | No |

If you answered "yes" to any of the previous questions, please explain below:

Please note that David's Promise staff and volunteers are not trained to assist in feeding, restroom use, regulating behavioral concerns or dispensing medications. If your loved one is unable to accomplish these activities on his/her own, a family member or personal staff **MUST accompany them to our Day Program.*

Please complete reverse side of this form.

Prospect/participants name: _____

Is there any other information that we should be aware of (ie: likes, dislikes, routines, fun personality traits, etc...)?

FOR THE PROTECTION OF EVERYONE, COMPASSIONATE MINISTRIES OF JACKSON COUNTY REQUIRES BACKGROUND CHECKS TO BE COMPLETED ON ANY PERSON ACCOMPANYING A PROGRAM PARTICIPANT AT THE BEGINNING OF EACH PROGRAMMING YEAR.

WILL AN AID/FRIEND/GUARDIAN BE ACCOMPANYING THE PROSPECT/PARTICIPANT? Yes No

For anyone attending/accompanying the David's Promise participant, please provide the following:

Name: _____

Date of Birth: _____

Race: _____

Gender: _____

Any aide who accompanies the participant and has recently undergone a background check with their employer, may provide a copy of that in lieu of a new one. CMJC does not charge for the background check. Background check will be completed only after the participant has been accepted into the program.

In the event that a participant will not be attending David's Promise for a period of time, please let us know in advance. If the participant has not attended for one month and we have not been notified, the participants place will be offered to the next person on our waiting list. Further participation would require a new application process. We will make every effort to reach out prior to any action being taken.

Parent/Guardian Signature

Date

Thank you for providing this information and your interest in David's Promise

Gary Swartzlander
David's Promise Program Director
3737 Clinton Road
Jackson, MI 49201
517-395-2652
gary.swartzlander@cmjackson.org