



David's Promise Participant Medical & Background Information

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

PERSONAL INFORMATION

Name: _____ 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 CIRCLE (YES) OR (NO) TO THE FOLLOWING QUESTIONS. DOES PARTICIPANT/PROSPECT:

- 1) Have any type of seizure disorder. ___ Yes ___ No Explain _____
- 2) Have any food/other allergies. ___ Yes ___ No Allergic to _____
- 3) Have any behavioral concerns? ___ Yes ___ No Explain _____
- 4) Is there any other information that we should be aware of (i.e.: likes, dislikes, routines)

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.

WILL THE PARTICIPANT ATTEND DAVID'S PROMISE WITH A PARENT/GUARDIAN OR INDIVIDUAL ASSISTANT? Yes No

IF YOU ANSWERED YES, COMPASSIONATE MINISTRIES OF JACKSON COUNTY (CMJC) REQUIRES BACKGROUND CHECKS TO BE COMPLETED ON ANY PERSON ACCOMPANYING A PROGRAM PARTICIPANT AT THE BEGINNING OF EACH PROGRAMMING YEAR. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR PERSON ACCOMPANYING THE DAVID'S PROMISE PARTICIPANT.

Name _____ Date of Birth _____

Race _____ Gender _____

Any assistant 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.

(Please complete other side)

ADDITIONAL INFORMATION

Is your participant/prospective participant a Lifeways Consumer? ___Yes ___No.

If yes, what is your participants case managers name and contact information?

Name _____

Phone _____ Email _____

What is the date of the DP participants annual treatment plan review at Lifeway's? _____

PHOTO AND VIDEO RELEASE PERMISSION

I give permission to Compassionate Ministries of Jackson County and David's Promise staff to take photos and/or videos of _____ while attending David's Promise. Photos and videos taken will be used for the purposes of promotional materials, advertising, and use within Compassionate Ministries of Jackson County and David's Promise. This could include printed materials, as well as online promotion. I understand that staff do not have permission to take photos and videos of the participant for their own personal use and that staff has been instructed in this area. Volunteers are not allowed to take pictures or videos of any kind unless given permission to do so by parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

DAVID'S PROMISE SPIRITUAL CARE ASSESSMENT

Does the participant have a pastor/spiritual leader or a home church / synagogue / etc.? ___Yes ___No **IF YES...**

Would you like us to contact the pastor/spiritual leader to let them know that the participant is part of the David's Promise family, and they are free to visit at any time? (This may be a great encouragement to the participant.) ___Yes ___ Not Necessary

If the participant has an emergency (medical, etc.) while at David's Promise, do you want the participant's pastor/spiritual leader to be on the list of those who are contacted (after family, caregivers, etc.)? Yes No

Please supply the pastor/spiritual leader's name and contact information.

Name _____ Contact Information _____

ATTENDANCE

If the participant has not attended for four consecutive weeks 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 Name: _____

Parent/Guardian Signature: _____ Date: _____

Completed form to be sent to Gary Swartzlander, David's Promise Program Director prior to attending first session, or the beginning of new programming year.

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

THANK YOU FOR PROVIDING THIS INFORMATION AND YOUR INTEREST IN DAVID'S PROMISE!