

PRELIMINARY VACATION APPLICATION

Please answer all questions completely, neatly and accurately and return completed application as soon as possible.

APPLICANT: (Name as it exactly appears on your government-issued photo ID)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____

Age: _____ Birth Date: _____ Sex: _____ Marital Staus _____

Height: _____ Weight: _____ T-Shirt Size _____

Type of government-issued photo ID you will be using: (Check)

Driver's / Non-Drivers ID Date Expires: _____ Check if Enhanced ID

Passport # _____ Date of Issue _____

Type of Living Situation (check):

Family Family Care ICF Community Residence/IRA

Apartment (specify type) _____ Independent Living

Length of time at your current residence: _____

Type of Daily Setting (check):

Employment Day Treatment Day Hab/Work Activities School Other

Name of Setting _____

Have you ever been on a People and Places vacation? Yes No

REFERRING INDIVIDUAL Completing Application (if other than applicant)

Name(and Agency if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____

Email: _____

Mail Information to: (please circle one)

Applicant Only ← or → Referring Individual Only

Will you be assisting applicant with trip preparation? Yes No (If no Please Complete)

Individual Responsible for Assisting Applicant with Vacation Preparation

Name _____

Phone: () _____ Cell Phone: () _____

Email: _____

Check to receive updates by email

VACATION CHOICES: Check if you need a slower paced trip

First Choice: _____

Second Choice: _____

Third Choice: _____

Would like more than one trip if possible (check if yes). How many? _____

Would like to be on the same trip with the following person(s):

Would like to not travel with the following person(s):

If applying for a flight trip, and not flying from Buffalo, closest preferred, major airport: _____

APPLICATION PROFILE

Please complete the following as accurately as possible and provide additional comments for clarity.

GENERAL:

Applicant's major disability: _____

Other disabilities: _____

Is applicant fully ambulatory? YES NO

Does applicant walk at slow pace or unsteady gait? YES NO

Indicate mobility assistance needed: _____

Is applicant visually impaired? YES NO

Describe _____

Is applicant hearing impaired? YES NO

Describe any sign language used: _____

Is applicant understandable when speaking? YES NO

If not, explain communication system: _____

MEDICAL:

Allergies YES NO

Specify Allergies: (Include insect bites, food, etc) _____

Please Complete in Full

Seizures YES NO

Type _____

Frequency: _____

Any Limitations/Due to Seizures? YES NO

Describe: _____

Dietary Limitations/Restrictions YES NO

Describe: _____

Activity Limitations/Restrictions YES NO

Describe: _____

Does applicant accurately report illness and health concerns? YES NO

Describe: _____

MEDICATION YES NO

If you are taking medication it is **required** to attach medication administration records or list of **both prescription and non prescription medication**.

Name	Dosage/#	Times	Purpose	Special Instructions	Side Effects/ Precautions

Please check: Independent Needs Supervision Specify below supervision needed

Please note or attach any other relevant medical information about the applicant:

Bowel or Incontinence issues YES NO

Explain: _____

SOCIAL/BEHAVIORAL:

Does applicant interact appropriately with:

Staff YES NO

Peers YES NO

Strangers YES NO

Applicant is able to safely and respectfully share a hotel room with another vacationer
YES NO

If no, please explain: _____

Name: _____ **Please Complete in Full**

Check those which apply and explain below if necessary:

- | | |
|--|---|
| <input type="checkbox"/> No problems or unusual behavior | <input type="checkbox"/> Makes choices |
| <input type="checkbox"/> Is cooperative | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Shy/withdrawn/keeps to self | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Fabricates stories | <input type="checkbox"/> Talks to anyone |
| <input type="checkbox"/> Needs coaxing into activities | <input type="checkbox"/> Wanders *explain |
| <input type="checkbox"/> Has history of stealing/may steal | <input type="checkbox"/> Teases others |

Please comment, explain or add any behaviors not covered: _____

Do You have a Behavior Plan? YES NO **If yes please attach**

Do you have any specific fears? YES NO

Explain fear and how it's usually handled: _____

What types of situations provoke anger or frustration? Describe frequency:

Explain how you express anger and/or frustration and how it is usually handled:

ACTIVITIES OF DAILY LIVING: (Please check and detail as requested)

Self-Care Skills:	Totally Independent	Needs Assistance	Poor	Specify Support Required
Dressing	_____	_____	_____	_____
Bathing	_____	_____	_____	_____
Toileting	_____	_____	_____	_____
Hygiene	_____	_____	_____	_____
Feeding	_____	_____	_____	_____
Skills:				
Money	_____	_____	_____	_____
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Telling Time	_____	_____	_____	_____

Please provide any further information which will assist us in knowing your needs for initial placement on a vacation. Upon acceptance, supplementary information will be requested to further assist the vacation staff in providing a safe and enjoyable experience for you.