

# 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: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Real ID     Driver's ID     Non-Driver's ID

Check if Enhanced ID     Passport     Date ID Expires: \_\_\_\_\_

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):

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

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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: \_\_\_\_\_

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Is applicant understandable when speaking?    YES     NO

If not, explain communication system: \_\_\_\_\_

### MEDICAL:

Allergies    YES     NO

Specify Allergies: (Include insect bites, food, etc) \_\_\_\_\_

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Vacation Application

**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:

- No problems or unusual behavior
- Is cooperative
- Shy/withdrawn/keeps to self
- Fabricates stories
- Needs coaxing into activities
- Has history of stealing/may steal
- Makes choices
- Follows directions
- Talkative
- Talks to anyone
- Wanders \*explain
- 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	_____	_____	_____	_____
<b>Skills:</b>				
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.