

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 check one)

Applicant Only 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) _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skills:				
Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Telling Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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.