

JOYS TO THE WORLD, INC

Joyfully serving young adults with multiple disabilities and their families



APPLICATION OF INTEREST

Date Received at The Joy Academy: _____

Client Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Main) _____ Other: _____

E-mail: _____

Age: _____ Date of Birth: _____ Female Male

High School Completion Date: _____ District: _____

Projected start date at The Joy Academy: _____

Legal guardian Name and Relationship:

Second Guardian name: _____

Address if different than above: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other: _____

E-mail: _____

Client Diagnosis: (circle those that apply)

Asthma	Down Syndrome	Autism	Cerebral Palsy
Epilepsy/seizure disorder	ADD/ADHD	Diabetes: type I or II	Heart Condition
Asperger's	Traumatic Brain Injury	Dyslexia	Blind
Hypertension	Developmental Delay	Visual impairment	Deaf
Communication Delay	Obesity	Learning Disability	Spina Bifida
Hearing Impaired	Muscular Dystrophy	Multiple Sclerosis	Breathing Difficulties
Intellectual Disability	Spinal Cord Injury	Quadriplegic	Paraplegic
Other			

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Notes: _____

Issues that might affect regular attendance: (Surgeries, hospitalizations, medical issues)

Other Concerns/Cautions/Emergencies: (breathing, eating, broken bones, etc)

Medical Inventory:

Mobility	Ambulatory (no assist)	Wheelchair-manual	Wheelchair-power
	Cane(s)	Walker	
Transfers:	Independent	Standby	Stand and Pivot
	Two Person	One-Person Total Lift	Mechanical Lift
Other			

Seizures:	Yes	No	
Type:			
Frequency		Duration	
Does client take seizure meds regularly		Yes	No
Emergency medication needed to stop seizure		Yes	No
Symptoms/outward Signs	Tonic-Clonic (grand mal)	Simple (petit mal)	complex partial
	Myoclonic	Absence	tonic or clonic
Other			

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More information will be requested on the medical form

catheterization	Yes	No	
G-Tube	Yes	No	
Tracheostomy	Yes	No	
Hyperactive	Yes	No	
Other			

More medication information will be requested on the medical form

Does the client take medication at home?	Yes	No
Medication required to be given during the day at The Joy Academy?	Yes	No

Behavior Inventory:

Generally easygoing	Unsure of new situations	Wanders	Temper Tantrums
Shy	Withdrawn	Helpful	
Comments:			

Describe client's personality:

Does the client have mental concerns:

In your opinion, what is the client's developmental age: _____

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Comments: _____

Please indicate how often the client exhibits the following behaviors and the consequences?

Behavior	How many times does behavior occur? Daily or monthly?	What causes behavior?	How do you address this behavior?
Scratches, pinches or hits self or others			
Bangs Head			
Grabs others			
Touches others inappropriately			
Throws things			
Gets into personal belongings			
Runs away			
Climbs on furniture			
Uses inappropriate language			
Spits on others			
Dumps food or liquids			
Strips clothing			

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Other			
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Personal Care Information:

Eating	No Assist	Partial Assist	Total Assist
Difficulty swallowing	Yes	No	
Drinking	No Assist	Partial Assist	Total Assist

Describe assistance and equipment required for feeding:

Personal Care Information

Bladder Control	no assist	Needs reminder	Occasional Accidents
	Incontinent	Total assist	
Bowel Control	No assist	Partial assist	Occasional accidents
	Total assist	Incontinent	
Client wears:	Underwear	Pull-ups	Diapers
	Double diapers	Diaper with liner	
Bathroom Aids	Urinal	Toilet Chair	Catheter
Other, please describe:			
Menstrual Care	No Assist	Partial Assist	Total Assist
Explain Need:			

Please explain toileting routine and special aids:

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Notes:

Client's Academy attendance plan:

PRIVATE PAY OPTIONS

Full-Time: 21-40 hours per week:

\$1,609 per month

Specify days and hours requested:

Half-Time: 20 hours or less per week

\$804.50 per month

Specify days and hours requested:

THIRD-PARTY PAYMENT

If you are paying through DDSD waiver or respite it is \$10.40 per hour or \$2.60 per 15 minute units. This process will go through the client's caseworker.

Please explain how you believe the client will benefit from The Joy Academy?

(This application will not be considered complete without this information.)

Notes:

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PLEASE READ:

Completion of the Application of Interest verifies that you are expressing interest for your client to attend The Joy Academy. Submitting this application and the non-refundable application fee does not guarantee the client will be offered official enrollment in The Joy Academy. The client may be placed on a waiting list to be considered for acceptance. OFFICIAL acceptance does NOT occur until required documentation has been received, reviewed and brought before the eligibility committee. Once a decision has been made, the client will receive a notification regarding acceptance from The Joy Academy.

_____ Date: _____
Client signature (if able to sign)

_____ Date: _____
Legal Guardian signature

_____ Date: _____
Legal Guardian signature

