

Lindsey's Place ~ A Center for Individuals with Special Needs

1 Diamond Causeway Ste 21 PMB 225 Savannah, GA 31406

(912)598-0144

www.LindseysPlace.org



Enrollment Application Fall 2010

Fall Retreat Session ~ October 8th - 10th, 2009

****Please include a recent photo of applicant****

Applicant's Name: _____

He/She likes to be addressed as: _____

Birthdate: _____

Male/Female: _____ Age on Oct. 1, 2010: _____

Parent/Guardian Information:

	Father	Mother	Person Filling Out Form (if different from parent)
Name			
Home Address			
Email			
Home Phone#			
Cell Phone#			
Legal Guardian (Y/N)			
Relationship to applicant (if not parent)			

Who has legal custody of applicant? _____

General Physical Care Information:

	Please Circle Appropriate Answers Below	Please Use This Column To Add More Information
Height/Weight	Ht: Wt:	
Mobility	Walks freely Walks with aids Uses wheelchair sometimes Uses wheelchair full-time	
Mobility Aids	Manual wheelchair Electric wheelchair Electric scooter Walker Other (please specify)	
Applicant will bring to stay at Lindsey's Place	Manual wheelchair Electric wheelchair Electric scooter Walker Other (please specify)	
Dressing Needs	No help Some help Must be dressed	
Bathing Needs	No help Some help Must be bathed Needs shower chair	
Transferring Needs	No help Some help Must be transferred	
Speech/Communication	Speaks clearly Some difficulties Hard to understand Non-verbal	
Vision Capability	Has clear vision Wears glasses Legally blind	

	Please Circle Appropriate Answers Below	Please Use This Column To Add More Information
Hearing Needs	Hears clearly Hearing impaired Wears hearing aids	
Toilet Needs	Independent Needs some help Needs total help Bowel incontinent Bladder incontinent Wears a diaper for trips Wears a diaper always Wears a night time diaper only Needs suppositories Needs transferring to toilet Maintains a bowel program Has bedwetting Needs to be catheterized Needs help catheterizing Self-catheterizes	
Mealtime Needs	Independent Some help Needs to be fed Needs food cutting Needs food blending Uses special utensils Tube fed Special diet	
Sleeping Needs	No problem Some problems Awake at night Makes noise Uses bed rails Requires turning Requires sleep aid equipment Requires a ventilator	

Behavioral Information: (please check ✓ where applicable)

Behavior	Never	Sometimes	Often	Please Explain
Hits Others				
Self Destructive				
Tantrums				
Destroys Property				
Runs Away				
Hyperactive				
Bites/Attacks Others				
Withdrawn				

Please provide any further information you feel may be useful: _____

Medical Information:

	Please circle all applicable answers.	Please use this column to provide more information as necessary
Medical Diagnosis	Cerebral Palsy Spina Bifida Muscular Dystrophy Learning Disability Mental Retardation (specify level) Other (please specify)	
Primary Care Physician Name/Address	Name:	Address:
Primary Care Physician Phone/Fax	Phone: Emergency #:	Fax:

Medication Information: (if applicable)

Medication Name	Dosage	Times Given	Reason

Please describe any specific ways to administer medicine(s): _____

Allergy Information: (if applicable)

Allergy Type/Name	Epi-Pen Required (Y/N)	Other Information

Seizure Information: (if applicable)

Date of Last Seizure	How Frequently Do Seizures Occur?	Name of Seizure Diagnosis

Has the applicant had surgery or been admitted to the hospital within the last 6 months? Please Describe: _____

Are there any physical restrictions due to this admission? _____

Fees for Lindsey's Place Oct. 8th-10th Weekend Retreat:

Deposit Upon Acceptance: \$50.

After Accepted Tuition Due by Oct.5th, 2010: \$300

Do you require financial aid? (Y/N) _____

Is there any other information you feel would be useful to provide with this application?

All the information provided on this form is true, accurate, and complete to the best of my knowledge. If I am asked, I agree to give proof that any information is correct.

PRINT Applicant's Name

SIGNATURE (if 18yrs+)

PRINT Name of Parent/Guardian

SIGNATURE of Parent/Guardian

**Please mail application to our application processing center (DO NOT mail any payment at this time):
Kara Billingham
2 Shell Rd.
Hampton Bays, NY 11946

Call with questions/concerns: Kara (631)566-8816

Thank you, we look forward to receiving your application!