



**R.A.D.D. LLC**  
**Recreational Activities for the**  
**Developmentally Disabled**

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## ► Annual Program Application

### Participant Information

Participant Name: \_\_\_\_\_ ☐ Male ☐ Female Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication Method: ☐ Phone ☐ Email ☐ Mail

Participant Living Arrangements: ☐ Parent?Guardian ☐ Foster Family ☐ Relative ☐ Lives Independently

☐ Group Home: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Does the participant attend school? ☐ Yes ☐ No Where: \_\_\_\_\_

Does the participant attend a day program? ☐ Yes ☐ No Where: \_\_\_\_\_

Is the participant employed? ☐ Yes ☐ No Where: \_\_\_\_\_

### Type of Disability (check all that apply)

☐ Speech ☐ Hearing ☐ Visually Impaired ☐ Cognitive Disability ☐ Down Syndrome ☐ Autism

☐ Physical Disability ☐ Other (specify): \_\_\_\_\_

### Specialized/Adaptive Equipment (check all that apply)

☐ Wheelchair ☐ Braces ☐ Crutches ☐ Canes ☐ Walker ☐ Hearing Aid ☐ Pacemaker ☐ Scooter

☐ Glasses ☐ Other (specify): \_\_\_\_\_

### Medical Information (check all that apply and explain type, protocol, frequency and any restriction)

☐ Asthma ☐ Allergy ☐ Diabetes ☐ Heart Trouble ☐ Seizure Disorder ☐ Other: \_\_\_\_\_

Type: \_\_\_\_\_

Protocol: \_\_\_\_\_

Frequency: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Typical Seizure Frequency: \_\_\_\_\_ Typical Seizure Length: \_\_\_\_\_

Known triggers and protocol to follow: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone Number: \_\_\_\_\_



Participant Name: \_\_\_\_\_

### Medication

Will client need medication administered during a RADD activity? ☐ Yes ☐ No

MEDICATION NAME	DOSAGE	TIME(S) GIVEN	ADMINISTRATION ROUTE	SIDE EFFECTS

**Mealtimes** G-Tube: ☐ Yes ☐ No J-Tube: ☐ Yes ☐ No Tube Feeding Times: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Thoroughly explain procedure that needs to be performed: \_\_\_\_\_

### Transfer Information

☐ Not Applicable ☐ Transfers Independently ☐ Standby Assistance ☐ Pivot (1 Person) ☐ Two Person

Other / Comments: \_\_\_\_\_

### Toileting

☐ Independent ☐ Needs Reminders ☐ Needs Assistance ☐ Wears Diaper/Pull-Up ☐ Wears PM Protection

How does he/she let you know they need to use the bathroom? \_\_\_\_\_

Does the participant use catheterization, enemas, or suppositories? ☐ Yes ☐ No

If yes, list times procedure needs to occur: \_\_\_\_\_

Thoroughly explain procedure that needs to be performed: \_\_\_\_\_

Does the participant need assistance with menstrual care: ☐ Yes ☐ No Type: \_\_\_\_\_

### Dressing

☐ Independent ☐ Needs Reminders ☐ Needs Cues ☐ Tie Shoes

Comments: \_\_\_\_\_

### Bedtime Routine

Participant's typical wake time: \_\_\_\_\_ Bedtime: \_\_\_\_\_

What is the participant's bedtime routine at home? \_\_\_\_\_



Participant Name: \_\_\_\_\_

**Communication**

Comments: \_\_\_\_\_

☐ Verbal ☐ Nonverbal☐ Understand and follows simple directions: \_\_\_\_\_☐ Consistently expresses his/her needs: \_\_\_\_\_☐ Uses a Communication Device (*Name of Device*): \_\_\_\_\_☐ Requires a picture schedule: \_\_\_\_\_**Behaviors/Compliance**

ACTION	NEVER	RARELY	OFTEN	ALWAYS	PLEASE EXPLAIN
Bites, kicks, or Hits Others:					
Self Abuse (Hits, Head Bangs, Bites):					
Verbal Aggression (Yells, Curses, Name Calls):					
Destruction of Property (Rips, Tips, Throws):					
Able to control temper:					
Reacts appropriately when frustrated:					
Respects others personal space:					
Waits his/her turn:					
Exhibits inappropriate behaviors due to obsessions:					
Refuses to participate:					
Reacts well to changed routine:					
Avoids tasks:					

**Self-Stimulating**☐ Rocks ☐ Jumps ☐ Repetition of Words ☐ Hand Flapping ☐ Skin Picks ☐ Other: \_\_\_\_\_Does this participant wander? ☐ Yes ☐ NoDoes the participant have a behavior intervention plan? ☐ Yes ☐ No (If yes, please attach a copy)

What triggers challenging behaviors in this participant? \_\_\_\_\_

What are some calming techniques that can be used if participant is agitated? \_\_\_\_\_

**Additional Information**This participant: ☐ Swims Well ☐ Cannot swim, but will go in water ☐ Fears Water ☐ Needs life jacket at all times☐ Handles Money ☐ Makes Own Purchases ☐ Orders for concessions independently

Participant's favorite things to do? \_\_\_\_\_

List any indoor/outdoor games and activities the participant likes: \_\_\_\_\_



Participant Name: \_\_\_\_\_

*In the event of an emergency, we will attempt to contact the Primary Parent(s)/Caregiver(s) listed first.*

**Parent/Caregiver Information Primary Contact #1:** ☐ Parent/Guardian ☐ Caregiver ☐ Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication Method: ☐ Phone ☐ Email ☐ Mail

**Parent/Caregiver Information Primary Contact #2:** ☐ Parent/Guardian ☐ Caregiver ☐ Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication Method: ☐ Phone ☐ Email ☐ Mail

**Emergency #1:** Relationship to Participant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication Method: ☐ Phone ☐ Email ☐ Mail

**Emergency Contact #2:** Relationship to Participant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Communication Method: ☐ Phone ☐ Email ☐ Mail



Participant Name: \_\_\_\_\_

*For statistical purposes, please complete the following:***Participant's Ethnic Background:**☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic/Latino ☐ Native American☐ Other: \_\_\_\_\_**Annual Household Income:** *(Check the box that is closest to your household income...if the Participant is over 18, please indicate only the Participant's income.)*☐ Below \$12,060 ☐ \$16,240 ☐ \$20,420 ☐ 24,600 ☐ \$28,780 ☐ \$32,960 ☐ \$37,140 ☐ \$41,320

Please list the individuals residing in the household where the participant lives:

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

The participant's home is located: ☐ East of I-94 ☐ West of I-94

T-Shirts are sometimes received at events. What size would this participant wear?

**Youth Size:** ☐ Medium ☐ Large **Adult Size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2XL ☐ 3XL**RADD LIABILITY WAIVER:**

As a consideration for being permitted to participate in activities sponsored by R.A.D.D. LLC and/or using equipment, facilities or property of said establishment, such client or user agrees to assume all liability for injury and/or damage resulting from such participation or use and further agrees to hold R.A.D.D. LLC free and harmless on account of any act of omission, commission, or negligence on the part of R.A.D.D. LLC any of their officers, agents, employees or volunteers.

R.A.D.D. LLC may photograph said client together with any subject matter owned by the undersigned, and so hereby authorize R.A.D.D. LLC to cause the same to be exhibited as still photographs, transparencies, motion pictures and/or television. The undersigned does hereby release R.A.D.D. LLCs employees and agents from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

In the event of an accident or sickness to said individual, the Director may obtain such medical, hospital or surgical assistance and service as he/she may deem necessary, and I/we her agree to pay such charges, indemnify R.A.D.D. LLC and hold same harmless for such charges. R.A.D.D. LLC may exchange information it possesses relative to said individual to any qualified agency or doctor, provided such information may be used for purposes of selection only.

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**X**\_\_\_\_\_  
*Parent/Guardian Signature*\_\_\_\_\_  
*Date*

- **By signing/typing your name electronically on the signature line**, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form. You also acknowledge that R.A.D.D. LLC is not legally respon-sible for data breaches incurred if you return this form through an insecure method (ie: email or online contact form).