

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

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R.A.D.D. LLC Annual Application

Applicant Information

Please fill in all areas completely!

Last Name: _____ First Name: _____
Date of Birth: _____ Age of applicant at start of service: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Primary Phone Number: _____
Has Applicant attended R.A.D.D. LLC services before? Yes ___ No ___

Disability

(Check all that apply)

Heritage

(Check all that apply)

Degree of Disability: ___ Mild ___ Moderate ___ Severe

Physical Limitation

(Check all that apply)

Communication

(Check all that apply)

Does applicant understand/respond to questions? ___ Yes ___ No
Does applicant communicate his/her needs and wants? ___ Yes ___ No
Does applicant use a communication device? ___ Yes ___ No
Additional Instructions: _____

Care Information

Please fill in all information completely!

Allergies: Explain allergies if applicable
(Check all that apply)

Please specify allergy: _____

Does Applicant carry emergency medicine for allergies?
_____ Yes _____ No

Mobility: (check all that apply)

Assistance needed with mobility: ___ None ___ Partial ___ Total

Hearing: (check all that apply)

Assistive Devices: (check all that apply)

Seizure Disorders:(Check all that apply)

Seizure Frequency: _____

Length of seizure: _____

Date of last seizure: _____

How are seizures handled at home: _____

Transfer Information: (check all that apply)

Vision: (check all that apply)

Assistance Needed:

Does the applicant need 1:1 instruction? ___ Yes ___ No

Assistance doing activities: ___ None ___ Partial ___ Total

Assistance with handling money: ___ None ___ Partial ___ Total

Assistance with dressing: ___ None ___ Partial ___ Total

Assistance with medication: ___ None ___ Partial ___ Total

Care Information Continued

Please fill in all information completely!

Toileting: Please bring all needed supplies/equipment with applicant (briefs, wipes, etc.) each day.

Type:

Aids Used:

How does he/she let you know they need to use the bathroom? _____
Toileting schedule (if applicable please list times): _____
If applicant uses toileting aids please list times procedure needs to occur: _____
Thoroughly explain procedure that needs to be performed: _____

Does applicant need assistance with menstrual care? Yes No

Medical Information: Explain type, protocol, frequency and any restrictions.

Asthma Diabetes Heart Trouble Stroke Other _____
Type: _____
Protocol: _____
Frequency: _____
Restrictions: _____
Known triggers and protocol to follow: _____

Last known attack: _____
Emergency Medication used in the event of an attack: _____
Name of Emergency Medication: _____
Emergency Medication Instructions: _____

Person and phone number to be notified if an attack occurs: _____
Doctor's Name: _____ Phone Number: _____
Hospital Preference: _____ Phone Number: _____

Will applicant need any prescribed medications administered during their R.A.D.D. LLC programs? Yes No

If yes, please make sure you fill out the separate medication form in detail with the names of each medication, dosage, times given, administration route and any side effects that may occur.

Are there any other medical situation that you feel we should be aware of? _____

Please fill in all information completely!

Meal Times: Please check all that apply and explain any procedures that may need to be performed.

G-Tube J-Tube Tube feeding times: _____
Thoroughly explain procedure that needs to be performed: _____

Is applicant Diabetic? Yes No
Thoroughly explain procedure that needs to be performed: _____

Food allergies: _____
Protocol if an attack occurs: _____

Does applicant have emergency medication in case an attack occurs? Yes No
Emergency medication type: _____
Emergency medication administration instructions: _____

Food restrictions: _____
Food likes: _____
Food dislikes: _____

Is applicant able to indicate the amount of food and liquid intake that he/she needs? Yes No

Eating accommodations: (check all that apply)

Diet: (check all that apply)

Special Instructions (Attach separate paper if necessary) _____

Behavior Information

Behaviors: (check all that apply)

Self-Stimulating Tactics: (check all that apply)

Does applicant have a behavior intervention plan or IEP available? Yes No If yes, please attach a copy with this form.

Please fill in all information completely!

Behavior Information Continued

What triggers challenging behaviors in this applicant? _____

What are some calming techniques that can be used if applicant is agitated? _____

Please explain in detail any behaviors that were checked off on the previous page: _____

Activity Information

Swimming Skills: ___ Swims well ___ Cannot swim, but will go into water ___ Fears water ___ Needs life jacket at all times

Applicant's favorite indoor activities: _____

Applicant's favorite outdoor activities: _____

Does applicant have any outdoor fears or allergies? (Animals, bees, etc.) If yes, please list them. _____

Describe best ways to get applicant engaged: _____

Please write any other information you feel our staff would benefit from knowing (likes, dislikes, fears or habits): PLEASE BE AS DISCRIPTIVE AS POSSIBLE! _____

T-Shirts are sometimes given at events. What Size would the applicant wear? Youth Size _____ Adult Size _____

Home, Basic and Emergency Information

Is applicants home east of I-94 or West of I-94? _____

Applicants living arrangements (Parent/Guardian, Group Home, Relative, Independent) _____

Applicants primary spoken language: _____ Secondary language _____

Does Applicant attend school? _____ If yes, where: _____

Does Applicant attend a day program? _____ If yes, where: _____

Is Applicant employed? _____ If yes, where: _____

Does the Applicant smoke/vape? (must be 21 or older) _____ If yes, are they limited to so many a day?(list amount) _____

Parent/Caregiver Information:

In the event of an emergency, we will attempt to contact the primary parent/caregivers listed first.

Parent/Caregiver information Primary contact #1: ___ Parent/Guardian ___ Caregiver ___ Other _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____ Preferred method of contact (Phone, Email, Mail) _____

Parent/Caregiver information Primary contact #2: ___ Parent/Guardian ___ Caregiver ___ Other _____

Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____ Preferred method of contact (Phone, Email, Mail) _____

Please fill in all information completely!

Home, Basic and Emergency Information Continued

Emergency Contact Information:

Emergency contact #1: Relationship to applicant _____
Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Email: _____ Preferred method of contact (Phone, Email, Mail) _____

Emergency contact #1: Relationship to applicant _____
Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Email: _____ Preferred method of contact (Phone, Email, Mail) _____

Group Home Information: (If applicable)

Group Home Name _____
Group Home Contact Name: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Email: _____ Preferred method of contact (Phone, Email, Mail) _____

R.A.D.D. LLC 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 services as he/she may deem necessary, and I/we hereby 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.

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 responsible for data breaches incurred if you return this form through and insecure method (ie: email or online contact form).

Parent or Guardian Consent

Applicant's Name: _____

Please read and check the appropriate boxes for each area.

The care information form is complete to my knowledge, and the applicant listed has permission to engage in all recreational activities and field trips, except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the recreation supervisor, or by his/her designated staff, to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

_____ Yes _____ No

I understand that R.A.D.D. LLC is not responsible for lost, stolen or damaged personal belongings brought to R.A.D.D. LLC programs. I understand that R.A.D.D. LLC is not responsible for injury to applicants, while at R.A.D.D. LLC programming.

_____ Yes _____ No

Photo Release: I grant permission to R.A.D.D. LLC to photograph and videotape me/my applicant engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of R.A.D.D. LLC and that these materials may be released to the general public.

_____ Yes _____ No

I hereby give consent to R.A.D.D. LLC staff to:

- Use cleansing wipes and/or powder or lotion when changing diapers. _____ Yes _____ No
- Apply sunscreen/bug spray that is sent with applicant daily. _____ Yes _____ No
- Administer medications according to physician instructions. _____ Yes _____ No
- Perform special medical care (g-tube feeding, catheter, etc.) _____ Yes _____ No

A signature indicates agreement to the above statements. Any applicant age 18 or older without a court appointed legal guardian must sign for him/herself.

Applicant's signature

Date

Parent/Guardian signature

Date