



BEN'S PLACE SERVICES, INC.

1956 Blanding Blvd.

Jacksonville, Florida 32210

904-379-7570

www.bensplacecof.org

PARTICIPANT INFORMATION

Name: _____ Nickname: _____

Today's Date: _____ Date of Admit: _____ DOB: _____

Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

LIVING SITUATION

(Check One)

Parents ____ Alone ____ Group Home ____ Other ____

Name of Home: _____

Contact Person: _____ Phone Number: _____

Waiver Support Coordinator or other Case Worker: _____

Phone Number: _____

Guardianship/Power of Attorney Name: _____

Phone Number: _____

Participant's Name: _____

Emergency Information

1. Emergency Contact: _____ Phone No: _____

Relationship to Participant: _____

2. Secondary Contact: _____ Phone No: _____

Relationship to Participant: _____

RELEASE

I am allowing Ben's Place to release and collect information from the following entities; for up to one year from the date of my corresponding initials and signature, to assure my health, safety, and service provision. If at any time my living situation, contacts or medical information changes, current information will be provided within 3 days.

Medical Doctor: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Support Coordinator: _____ Phone: _____

Other: _____ Phone: _____

Counselor: _____ Phone: _____

Initials: _____

PICK UP INFORMATION

The following individuals are authorized to pick up _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Any changes in pick up information must be in writing. If an emergency occurs, authorization may be given over the phone once. The person picking up the member must have a valid identification to be copied prior to participant leaving the building.

Participant's Name: _____

ABOUT ME

Personal Interest:

Dietary Concerns:

Special Instructions:

By Myself, I can:

I want to:

Participant's Name: _____

MEDICAL INFORMATION

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

Medication _____ Dose _____ Frequency _____

All medications **MUST** be in their original container with the correct name or in a pill box with a copy of the pharmacy's medication paper work. No medications, prescriptions or over the counter medications, will be dispensed without written permission.

Initials: _____

Primary Diagnosis: _____

Secondary: _____

Other Health Concerns etc: _____

Behavioral Concerns: _____

Allergies: _____

It is Ben's Place policy to call 911 for emergency medical assistance in the event that a participant requires emergency assistance or becomes non-responsive. We will continue to try to reach an emergency contact person to notify them of the situation.

Initials _____

All medical and emergency information must be completed for attendance.

Initials: _____

Participant's Name: _____

Ben's Place Services, Inc. operates various community center styled programs and requires it's participants to have independent skills. We will help train individuals to increase their level of independence, but, are unable to completely provide one-on-one assistance. We offer minimal assistance as needed. If an individual requires more assistance, there may be an increase in their fees to hire an attendant for the participant. If we are unable to provide a healthy and safe environment for your participant, they may be asked to leave until either you or Ben's Place is able to provide such additional care to meet the participant's needs.

Initials: _____

Ben's Place Services, Inc. and its programs does not provide the required medical or personal staff for intravenous medications, tube feeding or incontinent care.

Initials: _____

To better serve our individuals and consider behavior condition we are requesting the approximat time of their menstrual cycle

Initials _____

Participant's Name: _____

BEN'S PLACE SERVICES, INC.'S

CONSENTS AND ACKNOWLEDGEMENTS

I, _____, a participant in Ben's Place Services, Inc.'s programming, provide consent and acknowledgements for the following as evidenced by my subsequent initials and signature:

IMAGES – Ben's Place may collect my image, hard copy or electronic, for use in all program related, marketing materials, and websites. I understand that no information about me will be released, other than this image, without my specific written consent.

Initials: _____

GRIEVANCES – As a participant of Ben's Place, I understand that I may have concerns or problems that arise. I am aware that these concerns should be addressed directly with the Director or President of Ben's Place. In the event of a conflict in doing so, I am aware of contact information for the Board of Directors, and will address the concern with them if it cannot be resolved.

Initials: _____

CONFIDENTIALITY – I understand that all information provided to Ben's Place is confidential and will require my specific written consent for release. I understand that this information may be shared with first responders and health care professionals, in the event of an emergency. I understand this may be done without written consent.

Initials: _____

NON-DISCRIMINATION – I am aware that Ben's Place does not endorse or tolerate discrimination of any type: race, color, sexual orientation, religion, or disabling condition. I understand this to be applicable to participant programming, as well as hiring practices.

Initials: _____

ART PROJECTS/ART SUPPLIES – Upon leaving Ben's Place, all art work and art or craft supplies shall remain the property of Ben's Place Services, Inc.

Initials: _____

Participant's Name: _____

CONDUCT – I have received a copy of the Rules and Conduct, for Ben's Place Services, Inc. I have read, asked questions, and understand the rules and agree to follow them and accept the consequences for my actions. I understand that I have the right to dispute any decisions concerning my participation in activities and programs provided by Ben's Place Services, Inc. and its affiliates.

Initials: _____

RIGHTS – I am aware that Ben's Place will treat all participants, including myself in accordance with these Acts:

Title VI Civil Rights 1964

Title IX Education Amendments 1972

Sec. 504 Title V of Rehab Act 1973

Chapter 827 FL Stats. 827.09

Bill of rights for Dev. Disabilities 1975

I am aware that these procedures are on hand and accessible for my review, upon request.

Initials: _____

VOLUNTARY – I understand that my participation at Ben's Place is voluntary and can be terminated by myself at any time, or by the organization for the following causes:

Grievous behavior that endangers myself and/or violates others

Excessive refusal to participate in activities provided

Excessive non-payment of services provided

Initials: _____

Participant's Name: _____

RELEASE AND INDEMNIFICATION AGREEMENT

RELEASE OF LIABILITY – I understand that Ben's Place Services, Inc. 1956 Blanding Blvd., Jacksonville, Florida 32210, is a year around 501C3 non-profit corporation for Developmental or Acquired Disabilities. Ben's Place sponsors a variety of activities, on and off premises for the enjoyment of its members that some of these activities may involve and inherent risk of serious injury. I agree that I am solely responsible for my own personal safety and I agree to assume the risks involved in all such activities. I agree to conform my conduct to the rules established by Ben's Place and to indemnify and hold harmless Ben's Place, officers, directors, delegates, instructors, agents, employees, representatives, servants or assigns from and against any and all claims, actions, suits, judgments, damages, and cost, including reasonable attorney's fees, that may result by reason of my conformity t Ben's Place established rules. I understand and acknowledge that Ben's Place is acting in reliance upon the agreements made by me.

I assume full responsibility for any and all risks, injuries, or emergencies arising from any disclosed or undisclosed medical conditions.

This Release and Indemnification Agreement shall bind me, my heirs, executors, representatives, successors and assigns.

Participant Signature

Dated

Parent or Guardian Signature

Dated

Participant's Name: _____



Bens' Place Individual Assessment

Please do not leave any questions blank, failure to complete this form fully may result in a declined application.

Date _____

Name _____

Age _____

Emergency contact _____

Phone Number _____

Individuals Likes

Individuals Dislikes (Loud noises, crowds etc)

Participant's Name: _____

Please answer the following questions using the key below:-

1= fully Independent. 2= Requires occasional verbal and or physical prompts. 3= Requires regular verbal and or physical assistance.

4= Requires full assistance /supervision.

Does the individual require assistance with feeding? 1 2 3 4

Additional information

Does the individual require assistance with toileting? 1 2 3 4

Additional information

How much if any supervision / support does the individual require to stay on task? 1 2 3 4

Additional information

Does the individual require assistance with ambulation? 1 2 3 4

Additional information

While out in the community, with regards to road and personal safety how much supervision is required? 1 2 3 4

Additional information

Participant's Name: _____

Does the Individual have a history of absconding / running away?

(Please circle) YES NO

Additional information

Does the individual have a current or past history of displaying inappropriate behavior?

(e.g. verbal outbursts, aggression, refusal to follow direction etc.)

(Please circle) YES NO

Additional information (including type of behavior, triggers, frequency and de-escalation techniques)

Does the individual exhibit self injurious behaviors? (Please circle) YES NO

If yes, please give additional information

Participant's Name: _____

Does the individual exhibit P

ica like behaviors? (Please circle) YES NO

If yes, please give additional information

Does the individual have a diagnosis of seizure activity? (Please circle) YES NO

Does the Individual have a current Behavior Plan? (Please circle) YES NO

If yes, could Bens' Place keep a copy on file? (Please circle) YES NO