



Family/Participant Enrollment Form 2020-2021

Allows participant to attend monthly social events free of charge; receive a reduced rate for the bowling league, baseball league, cooking/nutrition classes and other programs; and receive the monthly newsletters. Annual enrollment period runs July 1 - June 30. Any participant who signs up on or after April 1 is included in next year.

This form is three (3) pages. Please complete ALL pages

GENERAL INFORMATION

Date (month/day/year) ___ / ___ / ___ Seasonal Address Dates ___ / ___ / ___ -to- ___ / ___ / ___

Participant Name: _____ Nickname: _____

Parent/Guardian Name(s): _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SWFL Seasonal Address (if applicable): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address (for Newsletter if different than above): _____

Are you on Social Media? No / Yes: Facebook Twitter Instagram Other: _____

How did you first hear about STARability? _____

How long have you been a participant at STARability? _____

MEDICAL INFORMATION

Allergies (Food & Other): _____

Medications: _____

Diabetic: No / Yes Seizures: No / Yes Type of Seizure: _____ Date of Last Seizure: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION FOR TREATMENT

I, _____, hereby give consent to any medical facility and/or physician to administer necessary treatment to my child/participant, _____, in the event I cannot be contacted. I give consent to transport by ambulance if the situation warrants.

Parent/Guardian Signature: _____ Date (month/day/year) ___ / ___ / _____

Printed Name of Parent/Guardian: _____

Participant Survey 2020-2021

The following information is being reported for planning purposes and for collecting aggregate data for grants. Individual participants will not be identified and their information will not be shared by STARability with any third party.

Participant Name: _____ T-shirt Size: S M L XL 2XL 3XL _____

Participant Information:

Date of Birth (month/day/year): ____ / ____ / ____ Age: _____ Gender Male Female

Ethnicity: African American Asian/Pacific Island Hispanic/Latino White Other

Registered with APD (Agency for Persons with Disability): Yes No

Receive funding through Florida's Medicaid Program (Med Waiver): Yes No

If yes, Med Waiver Support Coordinator Name: _____

Receive Social Security Disability Income (SSD): Yes No

Diagnosis:

- | | | |
|---|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> TBD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Spina Bifida | _____ |

Behavioral Concerns: Explain any behavioral concerns and impact on functioning (including any triggers and best method of resolution).

Communication Skills

This person communicates via:

- ASL Facial Gestures Picture Board Speech Vocal Sounds

Language

Primary Language: _____

Secondary Language: _____

Community Access

Does this person use a wheelchair in the community? Yes No

Does this person use the bus system? Yes No (if yes, C.A.T. -or- ParaTransit)

Volunteer

Is this person currently volunteering? Yes No Number of hours volunteered per week: _____

Place(s) this person volunteers: _____

Employment

Is this person currently employed ? Yes No Number of hours worked per week: _____

Place(s) this person works: _____

Is this person looking for employment ? Yes No

Experience/Skills: _____

Interests / Activities:

Does this person attend a Day Program? Yes No (if yes, name of day program: _____)

Please check which STARability programs/activities this person is interested in participating during this year.

- | | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Art Classes | <input type="checkbox"/> Computer Skills Classes | <input type="checkbox"/> Social Events | <input type="checkbox"/> Jr. Trailblazer Academy |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cooking/Nutrition Classes | <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Trailblazer Academy |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Next Chapter Book Club | <input type="checkbox"/> Yoga | |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Photography Workshops | <input type="checkbox"/> Zumba | |

Other activities you would like to see STARability provide: _____

Does this person participate in Special Olympics? Yes No

Would you like this person to be placed on the wait list for Trailblazer Academy? Yes No

Housing:

Who does this person live with?

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> ICF Facility | <input type="checkbox"/> On their own |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Nonrelative/Caregiver | <input type="checkbox"/> Other: _____ |

Does this person have any current or future housing needs? Yes No

Please describe: _____

PHOTO/VIDEO RELEASE

We strive to help educate people on what we do and to bring public awareness to our organization. Occasionally the news/media writes stories about STARability. Photos are frequently posted on our website and social media, and in our brochures and newsletters.

Do you give STARability permission to post...

First Name: Yes No Photo: Yes No Video: Yes No

STARability Foundation

ANNUAL ENROLLMENT FEE

\$75.00 for families with 1 participant

\$95.00 for families with 2 participants

I/We also wish to make a contribution to the Angel Fund for \$ _____

STARability aims to keep our programs affordable and available to anyone who needs them. We don't turn away anyone for the inability to pay. Our Angel Fund helps subsidize enrollment and program fees for participants who need financial assistance.

Make checks payable to: **STARability Foundation**

Check enclosed for: \$ _____

STARability Foundation

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