

The H.E.A.R.T Program

- **If participant is able, please have him/her fill out their own application.**
 - Assistance with filling out the application can be given when necessary.
- **Participant must also complete the ANNUAL INFORMATION FORM for the current year and submit with this application, if it is not already on file.**

Participant Information

Name : _____ Date: _____

Sex: Male Female

How did you find out about The H.E.A.R.T Program?

- Brochure Flyer Word of Mouth/Friends Online School Other Program
 Website (please list) or Other Way: _____

Participant's Interests

Please list any interests or favorite activities:

Are you (participant) able to express your (his/her) own interests?

- Yes No

What are (is) you (the participant) good at? (i.e strengths, skills, talents)

What new interests or activities would you (the participant) like to explore?

Goals

What goals do (does) you (the participant) hope to achieve through this program?

1. _____
2. _____
3. _____

Vocational Information

Do (does) you (the participant) work? Yes No

If yes, where, when, and what do (does) you (he/she) do?

Participant's Daily Living Skills

	INDEPENDENT	ASSISTANCE NEEDED	PLEASE EXPLAIN/DETAILS
Dressing			
Other:			

Are (is) you (participant) is able to read: Yes No Some **Reading Level:** _____

Are (is) you (participant) is able to write: Yes No Some

Are (is) you (participant) is able to follow written directions: Yes No Some

Check all that apply:

- I/Participant know(s) how to: Take a Bus Take a Cab Take a Train Drive a Car Ride a Bike
 Navigate Direction Read a Map Follow Written Directions
 Follow Verbal Directions

- I (Participant) am (is) able to: Stay Home Alone Do Chores Clean Cook
 Do Laundry Make the Bed Answer the Phone Set the Table
 Set an Alarm Complete Minor Household Repairs Do Lawn Care

- I/Participant can: Carry Money Make a purchase Keep a Budget
 Write a Check Use a Credit/Debit Card Get Correct Change
 Balance a Checkbook Pay Bills

- I/Participant Computer Use: Type Use the Internet Use a Touchscreen/ Ipad Use Microsoft Office

Behavior

	NEVER	SELDOM	OFTEN	EXPLAIN/DETAILS
Able to interact socially with others in an appropriate manner.				
Enjoys social gatherings				
Prefers to be alone				
Can use kind words around others and refrains from using inappropriate words toward				
Listens to authority				

figures and completes task when asked.				
Refrains from exhibiting aggressive behaviors (i.e. hitting, kicking, biting, pinching)				

Best way to help me (participant) transition to a new activity:

Best way to help me (participant) re-direct back to an activity:

Typical situations that may cause me (participant) to be frustrated or upset:

Things staff should know about me (participant) when I am frustrated and how staff can help me regain control of myself.

Any fears or phobias that I (participant) have/has that staff should be aware of and tips for helping me (participant) through this experience:

Any other behavioral concerns staff should be aware of:

Additional Comments
