



Bittersweet Farms Community Outreach Program Registration

The following information requested will be used for the purpose of gaining valuable details pertaining to the individual's development in order to assess their need for present as well as future services. To allow us to most accurately assess this individual, please be as complete as possible.

Today's date: _____

Basic Information:

Name of individual: _____ Date of birth: _____

Current address of individual: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: _____ Social Security #: _____

Medicare #: _____ Medicaid #: _____

Place of birth: _____ Is the individual a US citizen: Y N

Age: _____ Gender: _____ Height: _____ Weight: _____

Hair color: _____ Eye color: _____

Identifying marks: _____

Guardian Information: If the person is their own guardian, please indicate that on the first line and skip this section.

Legal guardian name (probate court appointed) _____

Address: _____

Telephone (Home): _____ (Work) _____

E-mail address: _____

Service and Support Information: please fill out this section if the individual has a caseworker or SSA at their County Board

County Caseworker name: _____

County: _____ Telephone: _____

Funding source for support services (circle one) Waiver Medicaid Private Pay

Family History:

Guardian's name: _____

Address: _____

Telephone: _____ E-mail: _____

Relationship to applicant: _____

Employer: _____ Telephone: _____

Other Parent/Guardian: _____
 Address: _____
 Telephone: _____ E-mail: _____
 Relationship to applicant: _____
 Employer: _____ Telephone: _____

Natural parents' marital status: _____

Emergency contact in addition to parents/guardian:
 Name: _____
 Relationship to individual: _____
 Address: _____
 Home phone: _____ Work/Cell phone: _____

Medical History:

Name of primary physician: _____ Telephone: _____
 Address: _____
 Name of dentist: _____ Telephone: _____
 Address: _____
 Name of specialist: _____ Telephone: _____
 Address: _____

Current diagnoses: _____

Note: Failure to disclose all diagnosis that could change the service picture may lead to a 30 day notice to discontinue services. Please initial you have read and understand. _____

Current Medications:

Name of medication	Date Started	Dosage	Purpose

Allergies (food, medication, animals, seasonal, other)

Allergy	Reaction

Please list dates and reasons for any surgeries:

Date of last physical: _____ Age where developmental delay first noticed: _____

Adaptive equipment: _____

Physical limitations: _____

Special diet instructions: _____

Present health of the individual: _____

Any current medical concerns: _____

Personal History:

Education:

Name and address of school: _____

_____ Dates attended: _____

Name and address of school: _____

_____ Dates attended: _____

Has the individual ever plead guilty or "no contest" to a crime or been convicted of a crime (felony or misdemeanor?) and or have criminal charges pending? _____ Yes _____ No

Sources of additional information (any professional, specialist or agency not previously listed who may be able to provide information about the individual):

Name	Phone	Contact Person	Type of services provided

Please mark the service(s) the individual would like to receive (either currently or long term):

- Adolescent Transition School (12 to 21 years of age) - Pemberville
- Summer Enrichment (Adolescent Summer Camp for 13 to 22 years of age) – Whitehouse, Pemberville or Lima
- Social Living Club or Family Fun Night (13 years and older) – Perrysburg or Lima

Date ready to begin services: _____

Funding Sources:

- Medicaid: Currently have Currently applying Not as this time
- Medicare: Currently have Currently applying Not as this time
- Level 1 Waiver: Currently have Currently applying Not as this time
- Individual Options (I.O.) Waiver: Currently have Currently applying Not as this time
- Private Pay
- Other _____

Are you interested in receiving our Bittersweet Spectrum newsletter? Yes No
 If yes, please provide name and mailing/e-mail address. *Note: Using an e-mail address saves us postage and printing:* _____

 Signature of person completing form

 Date

 Relationship to applicant

Please return to: Outreach Program Registration c/o Heidi Legrand 12660 Archbold-Whitehouse Rd. Whitehouse, OH 43571 -or- Fax # 1-419-875-5593
Send questions to: 419-875-6986, Ext. 1204 -or- hlegrand@bittersweetfarms.org

CONSENT FOR USE OF PHOTOGRAPHS

I [give do not give] permission for the use of photographs and/or videos taken of...

Name of Individual

...at Bittersweet Farms, Bittersweet Pemberville, Betty's Farm.
 I also [give do not give] permission for the *first name only* of the individual listed above to be used by Bittersweet, Inc.

I understand that the photographs, videos, and/or names may be used for educational and/or promotional/social media purposes. These photographs and videos may also be used on the Bittersweet Website, Bittersweet Facebook Page, media articles, and other social media sites.

This permission is granted indefinitely or until Bittersweet, Inc. receives written notification from the parent/guardian/participant indicating otherwise.

Signature of Parent/Guardian

Date

Please rate the participant on their use of the following skills.

1 – if the skill is **SELDOM** used appropriately

2 – if the skill is **SOMETIMES** used appropriately

3 – if the skill is **ALMOST ALWAYS** used appropriately

	Seldom	Sometimes	Almost Always
Using body language – Uses body language (components of the body that communicate messages) that is appropriate to the situation.	1	2	3
Using manners – Speaks and acts politely in social situations.	1	2	3
Choosing the right time and place – Chooses an appropriate time and place before beginning a conversation with another person.	1	2	3
Staying on and switching topics – Sticks to the topic of conversation or prepares the listener for a topic shift.	1	2	3
Listening – Gives his or her full attention to a speaker in order to hear and think about the message.	1	2	3
Conversing – Takes the initiative to start a conversation. Begins with a greeting, participates in talking and listening, and ends conversations smoothly with a closing.	1	2	3
Using formal and informal language – Talks in a more traditional way by use the longer forms of words, when speaking to people in authority positions. Talks in a more casual way, by using shorter forms of words and slang, when speaking to peers and adults whom he or she feels close to.	1	2	3
Giving reasons – Gives explanations that are specific and relevant when answering questions.	1	2	3
Giving/accepting compliments – Remembers to compliment others, is honest and sincere when doing so and accepts compliments in a sincere way.	1	2	3
Politeness – Expresses genuine appreciation when someone has done something nice and says “Please” and “Thank you” when appropriate.	1	2	3
Introducing yourself – Remembers to give his or her name when introducing himself or herself to a new person.	1	2	3
Introducing people – Helps two or more people who do not know one another to learn one another’s names. Makes the introduction reciprocal.	1	2	3
Making a request/asking for help – Asks instead of demands when he or she wants something. Attempts something on his or her own first.	1	2	3
Offering help – Offers to help people in need. Remembers to ask first instead of just taking over for the other person.	1	2	3
Asking for permission – Asks for permission to do things whenever necessary.	1	2	3
Making an apology – Says he or she is sorry when necessary.	1	2	3
Agreeing or disagreeing – Disagrees without putting down the other person’s idea or opinion. Doesn’t get angry when someone disagrees with him or her.	1	2	3
Giving information – Provides precise and easy-to-understand details when giving information.	1	2	3
Being honest – Tells the truth and understands the consequences of losing someone’s trust.	1	2	3

<p>Please rate the participant on their use of the following skills.</p> <p>1 – if the skill is SELDOM used appropriately 2 – if the skill is SOMETIMES used appropriately 3 – if the skill is ALMOST ALWAYS used appropriately</p>	Seldom	Sometimes	Almost Always
Being optimistic – Looks on the bright side. Expects good things to happen. Has a positive attitude.	1	2	3
Starting and maintaining friendship – Starts new friendships based on common interests and treats friends appropriately.	1	2	3
Dealing with teasing and peer pressure – Responds appropriately to friendly teasing and ignores unfriendly teasing or peer pressure.	1	2	3
Joining in – Joins in an activity or conversation without disrupting those involved.	1	2	3
Dealing with being left out – Copes with being left out of an activity in an appropriate way.	1	2	3
Telling on others – Does not tell on others for unimportant reasons. When telling for important reasons, does so discretely.	1	2	3
Giving constructive criticism – Is specific about behaviors he or she would like to see improved without making personal insults.	1	2	3
Negotiating and compromising – Makes sincere attempts to solve disputes with others. Meets others “halfway” when working to solve a problem.	1	2	3
Expressing feelings – Expresses his or her feelings appropriately instead of keeping them inside.	1	2	3
Dealing with negative emotions – Expresses his or her anger without acting impulsively and reacts appropriately when something makes them embarrassed	1	2	3
Dealing with humor – Enjoys “safe” humor and avoids humor that is upsetting to others.	1	2	3
Understanding the feelings of others – Is perceptive to the way other people are feeling.	1	2	3
Respecting personal space – Maintains an appropriate amount of space between himself/herself and others during social interaction.	1	2	3

What social-emotional skills you would most like to see improved?

What are some signs that the participant is frustrated or upset?

Does the participant interpret others' emotions by reading facial expressions or non-verbal cues?

Does the participant typically prefer group or solitary activities? Explain.

BITTERSWEET INC. a/k/a BITTERSWEET FARMS RELEASE AND WAIVER

Waiver and Release of Liability, Assumption of Risk & Indemnity Agreement

All individuals are required to have a waiver on file before they will be permitted to participate in any activities. By submitting this form, you will have fulfilled that requirement.

Participation in activities is voluntary, but requires the execution and delivery to Bittersweet of a release and waiver as provided by applicable law. In consideration of my participation, or permitting my child/custodial dependent to participate in any and all activities conducted by Bittersweet, Inc. I, for myself and on behalf of my child/custodial dependent, and our personal representatives, heirs and next of kin do the following:

1. I hereby acknowledge that any activity is potentially dangerous and involves the risk of serious injury and/or death and/or property damage. While particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.
2. I fully understand and acknowledge that: (a) risks and dangers exist in my or my child/custodial dependent's participation in any activity for permanent disability and death, (b) my or my child/custodial dependent's participation in any activity may result in injury or damage to personal property including the potential for permanent disability and death, (c) these risks and dangers may be caused by the activity operator, staff members or other participants, or by accidents, or by forces of nature or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including but not limited to weather conditions, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment.
3. I understand that activities may be physically and mentally intense. I understand and have instructed my child/custodial dependent in the importance of knowing and adhering by the rules, regulations and procedures established for the activity and my child has agreed to do so.
4. I hereby release, waive and discharge Bittersweet, Inc., its owners, directors, officers, employees and agents (the Releasees) from all liability to myself or my child/custodial dependent, my personal representatives, all assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury and/or death to me or to my child/custodial dependent and/or property damage, now and forever, arising out of or related to participation and/or instruction in any activities that may occur, whether caused by the negligence of the Releasees or otherwise, including the risks.
5. I hereby assume full responsibility for any risk of bodily injury, death or property damage, now and forever, arising out of or related to participation and/or instruction in and during activities, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise. I hereby separately agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to my child/custodial dependent's participation and/or instruction in any and all activities, whether caused by the negligence of the Releasees or otherwise.
6. I hereby acknowledge that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, and is intended to be as broad and inclusive as permitted by the laws of Ohio and that if any portion thereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me or my child/custodial dependent and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.
8. As a parent or guardian with legal responsibility for this participant, acknowledge that I am signing this document on behalf of my child/custodial dependent and agree to be specifically bound to all of the terms and conditions of this agreement. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless the Releasees.

Participant's Name: _____
(Print Name) (Signature) _____ / /
(Date)

Parent/Guardian's Name: _____
(Print Name) (Signature) _____ / /
(Date)

EMERGENCY CONTACT INFORMATION

Father's Name _____ Mother's Name _____

Father's Work Phone Number: _____ Mother's Work Phone Number: _____

Father's Cell Phone Number: _____ Mother's Cell Phone Number: _____

Address to be used for any correspondence: _____

Home Phone Number(s): _____ E-mail Address: _____

