Seattle Children's Alyssa Burnett Adult Life Center Intake Form

Thank you for submitting an intake form to the Seattle Children's Alyssa Burnett Center (ABC)! We are excited to welcome more participants and families to the community growing here, and look forward to meeting you/your adult.

In addition to this intake form, please submit all of the following that apply to you/your adult:

- Person Centered Service Plan (PCSP- available through your DDA case manager): This assessment is done with a DDA case manager on an annual basis. The form is titled "Person Centered Service Plan (PCSP) *Current Annual DDD Assessment Details".*
- IEP (Individualized Educational Program): This document is created for individuals in special education programs in public schools, to assist individuals in reaching their educational objectives.
- Care plans or tips from supported living services or group homes.

***Please do not drop off the form in person, we ask that you submit the form by email, fax, or mail.**

- **Email:** abcintake@seattlechildrens.org
- **Fax:** 206-985-3341
- **Mail:** 19213 Bothell Way NE, Bothell, WA 98011

Next steps after we receive your intake form:

1. Waitlist Confirmation: Once we process all of the necessary paperwork, you will receive an email confirmation.
2. Schedule Intake appointment:
   - When an opening becomes available, you will receive an email with a link to schedule your intake appointment. Dates are limited and fill up quickly so timely responses are encouraged.
   - Please select your desired intake appointment. You will receive an email confirmation when this step is complete.
   - The intake appointment is a casual opportunity to introduce you/your adult to the center and get to know each other so that we can determine best fit for classes at the center. During the appointment, we will tour the building, answer any questions you might have, and also assess which level of classes and caregiver needs we think would be best suited for you/your adult.

Date: _____

Name of individual filling out this form: _____

Participant Information

Name: _____ Birth Date: _____

Address: _____

City: _____State: _____Zip: _____

Age: _____years Height: _____feet _____inches Weight: _____pounds

Home Phone: _____ Work Phone:_____

Cell Phone: _____ Email: _____

Gender: O Female O Male Legal Guardian: _____

Living Arrangement: _____

Does Participant typically require a 1:1 Aide or Care Giver? O Yes O No

If yes, please explain: _____

Agency: _____

Disability/Diagnosis: _____

Date of Diagnosis/Injury: _____month _____year

Ethnicity: _____ Race: _____

Registration/Scheduling Contact

Name: _____ Relationship to Participant: _____

Address: _____

City: _____ State:_____ Zip:_____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please check if this contact is also the contact for any of the following:

- ☐ Billing
- ☐ Transportation
- ☐ Behaviors

Billing Contact (if different from the Registration/Scheduling Contact)

Name: _____ Relationship to Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Caregiver (if different from the Registration/Scheduling Contact)

Name: _____ Relationship to Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Emergency Information

Primary Insurance: _____Policy #: _____

Secondary Insurance: _____ Policy #:_____

Which funding sources apply to you

☐ Private Pay

☐ DDA (If checked, please fill out all of the case manager information below)

Case manager name:_____Phone #:_____

E-mail:_____

☐ Waiver (If checked, please fill out case manager information below)

Case manager name:_____Phone #:_____

E-mail:_____

Communication

From the options below please select the one that most applies to you:

Please check all that apply and provide details.

- ☐ Completely Verbal-Participant can fluently communicate with others
- ☐ Limited Verbal-Participant can communicate statements/few words
- ☐ Non-Verbal-Participant does not verbally communicate

Please select the way(s) that you communicate, and provide details:

- ☐ Vocal: _____
- ☐ Sign Language: _____
- ☐ Communication Device: _____
- ☐ Pictures: _____

What Language is spoken at home? _____

What Language is preferred? _____

Are interpreter services required? _____

Receptive Abilities

Please check all that apply and provide details:

- ☐ Understands 2-step directions: _____
- ☐ Understands spoken words: _____
- ☐ Reading Ability (estimated grade level): _____
- ☐ Gestures: _____
- ☐ Other: _____

Describe any communication suggestions or modifications to be aware of:

Experience

Have you ever participated in a similar program? O Yes O No

Where? _____

What type of work are you currently doing or have you done in the past?

_____

What type of volunteering are you currently doing or have you done in the past?

_____

Are you currently attending school or a transition program? O Yes O No

Name of School: _____ Highest academic grade level completed: _____

Behavior

What challenging behaviors do you have (check all that apply and **describe** what the behaviors look like – the more detail, the better):

☐ Tantrums (*example of behavior, such as: high pitched voice, crying*):

_____

☐ Physical aggression (*example of behavior, such as: strikes, bites, tears clothes of others*):

_____

☐ Verbal aggression (*example of behavior, such as: yelling or swearing at others*):

_____

☐ Property destruction (*example: attempting or breaking furniture, putting holes in walls*):

_____

☐ Elopement (*example of behavior, such as: running away from buildings*):

_____

☐ Self-Injurious behavior (*example of behavior, such as: pinching, biting or hitting self*):

_____

☐ Other behavior(s) not listed above:

_____

☐ No challenging behaviors

What are some things or situations that could trigger a behavior?

If a behavior happens, what can we do to help?

What can you do to cope when you are triggered?

Fill out the following on how to work best with you:

Do:

Do Not:

Transportation

How do you plan on getting to Seattle Children's Alyssa Burnett Adult Life Center?

Please check all that apply:

☐ Own Transportation ☐ Metro ☐ Access ☐ DART Other: _____

Can you be dropped off alone? O Yes O No

Who is authorized to pick up the participant?_____

Does the participant have the permission to leave the center independently throughout the day?

O Yes O No

Mobility

Do you have a mobility challenge? O Yes O No

If yes, please check all that apply:

☐ Balance	☐ Dexterity	☐ Use crutches
☐ Coordination	☐ Visual Impairment	☐ Use Manual Wheelchair
☐ Endurance/Fatigue	☐ Spinal Cord Injury	☐ Use Power Wheelchair
☐ Hemiplegia	☐ Use Cane	☐ Use Walker

Other: _____

Wheelchair users only:

How often do you use your chair?

☐ Always ☐ Only when fatigued ☐ Only when outside ☐ Only away from home

Do you operate the wheelchair independently? O Yes O No

Do you need assistance with transfers? O Yes O No (If yes, please select from the following)

☐ Minimal Assist ☐ Moderate Assist ☐ Always

Please share any other mobility concerns:

Toileting

Toileting: ☐ Independent ☐ Partial Assist ☐ Total Assist

Bladder needs: ☐ Incontinent ☐ Needs reminders ☐ Needs to go very often

Additional details: _____

Dietary/Eating

Dietary Needs:

☐ None ☐ Vegetarian ☐ Diabetic ☐ Gluten/Casein Free

☐ Thick Liquids ☐ Tube

☐ Other Restrictions (such as fluid): _____

History of Choking? ○ Yes ○ No If yes, please explain:_____

_____

Food Allergies? ○ Yes ○ No If yes, please list: _____

Do you need assistance with eating? ☐ None ☐ Partial Assist ☐ Total Assist

Please explain: _____

Health

Do you have any health concerns you would like us to know about? ○ Yes ○ No

If yes, please explain: _____

Please list any medications that you are currently taking, including over-the-counter:

_____

Please list all non-food allergies:

_____

Do you have a seizure disorder? ○ Yes ○ No

If yes, please check the type of seizure

☐Grand Mal ☐Absence ☐Myoclonic ☐Clonic

☐Tonic ☐Atonic ☐Not sure ☐ Other:_____

How frequently do you have seizures?

What is the current status of your seizure disorder? O Active O Controlled

Describe your seizure. Do you have any warning? What is the after effect of the seizure?

Describe specific care required in the event of a seizure and recovery time:

Interests

Please check any boxes that apply and use the additional space to provide details on specific likes and dislikes:

☐ Music: _____

☐ Instrument(s): _____

☐ Singing: _____

☐ Art: _____

☐ Cooking: _____

☐ Exercise: _____

☐ Sports: _____

☐ Swimming:_____

☐ Outdoors: _____

☐ Animals: _____

☐ Gardening: _____

☐ Drama: _____

☐ Humor: _____

☐ Movies: _____

☐ Technology: _____

☐ Reading: _____

☐ Vocational Training: _____

☐ Independent Living: _____

☐ Community Outings: _____

☐ Other: _____

☐ What are your strengths: _____

Please share your top priorities for classes and activities:

1) _____

2) _____

3) _____

Goals

What are your current goals?

What would you hope to see as an outcome from attending Seattle Children's Alyssa Burnett Adult Life Center?

Any additional information you would like us to know?

Thank you for completing this intake form. Please call us if you have any questions: (425) 488-6173.

Save a copy of the intake form to your computer and then email a copy to abcintake@seattlechildrens.org

Or print a copy and mail to: Alyssa Burnett Adult Life Center
19213 Bothell Way NE
Bothell, WA 98011

Or print a copy and fax to: (206) 985-3341

Please attach any additional applicable paperwork (i.e. PCSP, IEP, care plans, etc.) with the submission of your intake form.