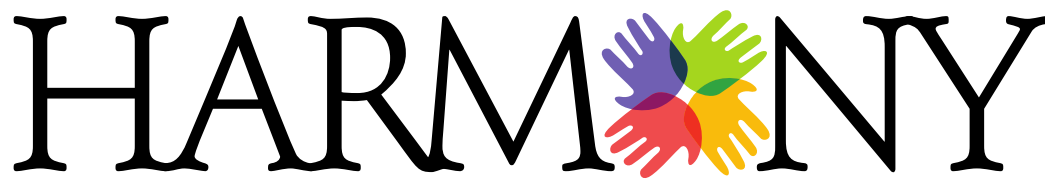


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*Client Last Name*

*Client First Name*

*Date*



**D A Y S U P P O R T**

*Empowering Lives Every Day!*

# **Admissions Packet**

Phone: (434) 582-4556

1173 London Links Drive, Suite 2 B

Forest, VA 24551

[www.harmonydaysupport.org](http://www.harmonydaysupport.org)





## ***Harmony Day Support***

### ***Required Paperwork for all New Clients***

***Clients are not to be here without this completed, even if just visiting!***

***(This information is needed for the health, safety, and wellbeing of each person)***

- Client Application, completed in full. Available on website or paper copy.
- New client Profile & Initial Skills and Behavior checklist
- Admission Physical (Annual Physical)
- Medical History
- Psychological Evaluation
- Behavioral Plan (if there is one)
- Dietary Restrictions
- Admissions Acknowledgement (Human Rights Information)
- Copy of Picture ID
- Copy of Social Security Card
- Copy of Medicare/Medicaid Cards
- Copy of any other Health Insurance Cards
- Copy of Birth Certificate (if available)
- Copy of Vaccination Cards (if available)
- Copy of Guardianship Papers (if available)
- Emergency Contact Information
- Copy of Individual Education Plan (if available)

When all paperwork is attached, sign and date this page and attach to front of file.

--	--

Completed by

Date







## **ACKNOWLEDGEMENT**

***(Required upon client's admission to service program)***

I,

--	--

Print Name

Date

Hereby acknowledge that upon admission to Harmony Day Support, Inc.'s programs, I have been informed of the following:

1. The mission of this agency and services
2. Confidentiality and HIPAA practices
3. Individual rights and how to protect these rights
4. Participation in treatment, planning and discharge
5. Fire safety and emergency preparedness practices
6. Complaint procedures
7. Service guidelines
8. Program rules
9. Building layout
10. Schedule of operation and services
11. The role of the Regional Advocate and how to contact them

Program Manager	Sean Yeatts	(434) 582-4556
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Human Rights Advocate	Lequetta Hayes M.A.	(877) 600-7437
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--	--

Signature

Date

***Circle one: Self; Parent; Legal Guardian; or Authorized Representative***



## *Individual Care Sheet*

--	--	--

***Last Name***

***First Name***

***Allergies***

Diet:

Regular  Controlled Carbohydrates  Mechanical Soft  Pureed

Other: \_\_\_\_\_

Special diet or any food intolerances:

Please list any nutritional supplements (Ensure, Glucerna, etc.) on Medicine List.

Meds: \_\_\_\_\_

Likes

--

Likes continued

--

Dislikes

--

Triggers

--

Triggers continued

--

Redirects

--

Last Name

First Name

--	--

Additional Notes

--

Additional Notes continued

--

Additional Notes continued

--

Additional Notes continued

--

Additional Notes continued

--

***SPECIAL SECTION***

Please check here if you consent to allowing photographs, videos, audios, for special events, including services, assessments, Facebook, Website, and other social media to illustrate Harmony’s services to the community.

Please check here if you prefer your individual not to be used in any printed or online material.

Person Completing Form:

Last Name

First Name

Date

--	--	--

Relationship: Please check one box below

<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Legal Guardian
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## *Recommendations for Care*

### Limitations:

1. Is this person capable of administering his/her own medications without assistance?
  - a.  No Because: \_\_\_\_\_
  - b.  Yes
  
2. Is this person physically and mentally capable of self-preservation by being able to respond in an emergency to make an exit from the building or to a safe refuge in an emergency without assistance of another person, even if he/she may require the assistance of a wheelchair, walker, cane, prosthetic device, or single verbal command?
  - a.  No Because: \_\_\_\_\_
  - b.  Yes
  
3. Does this person have any restrictions/limitations on physical activities or program participation?
  - a.  No
  - b.  Yes, indicate type of restriction/limitations: \_\_\_\_\_

### Diet:

- Regular    Controlled Carbohydrates    Mechanical Soft    Pureed
- Other: \_\_\_\_\_

Special diet or any food intolerances: \_\_\_\_\_

Please list any nutritional supplements (Ensure, Glucerna, etc.) on Medicine List.

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Person completing this form signature

Print Name

Date

Individual's Name:			
1	EATING (Circle Yes or No)		Additional Notes
Yes	No	Takes soft food from a spoon	
Yes	No	takes liquids from a cup	
Yes	No	Feeds self with fingers	
Yes	No	Feed self with spoon with assistance	
Yes	No	Drinks from cup with minimal assistance	
Yes	No	Feeds self with spoon neatly	
Yes	No	Feeds self with spoon & fork considerable spilling	
Yes	No	Feeds with spoon and fork neatly	
Yes	No	Uses table knife for cutting or spreading	
Yes	No	Uses knife &for correctly and neatly	
Yes	No	Uses napkin	
Yes	No	Drinks from a straw with minimal assistance	
Yes	No	Does not order at public eating places	
Yes	No	Orders simple meals like hamburger	
Yes	No	Orders complete meals	
2	MOBILITY (Circle Yes or No)		Additional Notes
Yes	No	Lift's head	
Yes	No	Rolls over	
Yes	No	Sits with support	
Yes	No	Crawls	
Yes	No	Pulls to stand	
Yes	No	Stands without support	
Yes	No	Unable to walk	
Yes	No	Walks only with assistance	
Yes	No	Limps or walks unsteadily	
Yes	No	Walk with no difficulty	

Yes	No	Stands up on one foot for 2 seconds if asked	
Yes	No	Stands on tip toe for 10 seconds if asked	
Yes	No	Walks up & down stairs alone	
Yes	No	Runs without falling	
<b>3</b>	<b>TOILETING (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Is diapered	
Yes	No	Uses toilet if placed there at frequent intervals	
Yes	No	Indicates need to use toilet	
Yes	No	Frequently has toilet accidents during the day	
Yes	No	Occasionally has toilet accidents during the day	
Yes	No	Never has toilet accidents during the day	
Yes	No	Lowers pants at the toilet without help	
Yes	No	Sits on the seat without help	
Yes	No	Uses toilet tissue appropriate	
Yes	No	Flushes toilet after use	
Yes	No	Puts on clothes without help	
Yes	No	Washes hand without help	
<b>4</b>	<b>DRESSING (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Must be dressed completely	
Yes	No	Resists when being dress	
Yes	No	Cooperates passively when being dressed	
Yes	No	Cooperates when being dressed by extending arms & legs	
Yes	No	Removes simple articles of clothing	
Yes	No	Puts on simple articles of clothing	
Yes	No	Dresses self with help in pulling or putting on most clothes & fastening them	

Yes	No	Dresses self by pulling or putting on all clothes with verbal prompting by fastening, zipping, buttoning, snapping	
Yes	No	Removes shoes without assistance	
Yes	No	Unties shoelaces without assistance	
Yes	No	Ties shoelaces without assistance	
Yes	No	Puts on shoes correctly without assistance	
Yes	No	Completely dresses self without assistance	
Yes	No	Chooses own clothing	
Yes	No	Chooses suitable clothing (for weather & cleanliness)	
Yes	No	Wipes & polishes shoes when needed	
Yes	No	Puts clothes in drawer or check neatly	
Yes	No	Hangs clothes on hanger, neatly	
Yes	No	Puts dirty clothes in laundry without being reminded	

5		GROOMING (Circle Yes or No)	Additional Notes
Yes	No	Makes no attempt to wash or dry self	
Yes	No	Resists when being washed or dried by others	
Yes	No	Cooperates when being washed and dried by others	
Yes	No	Attempts to use soap and wash self	
Yes	No	Dries hands and face	
Yes	No	Washes face and hands with soap when needed	
Yes	No	Washes and dries self reasonably well with prompting	
Yes	No	Washes and dries self completely with prompt or assist	
Yes	No	Prepares and completes bathing unaided	
Yes	No	Recognizes the need to bathe frequently	
Yes	No	Uses deodorant when prompted	

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Yes	No	Uses deodorant when needed without prompting	
Yes	No	Brushes teeth with prompting	
Yes	No	Brushes teeth independently without reminders	
Yes	No	Combs or brushes hair with prompting	
Yes	No	Combs or brushes hair independently	
Yes	No	Shampoo's hair	
Yes	No	Shaves	
Yes	No	Trims nails with assistance	
Yes	No	Trims nails independently	
Yes	No	Must be assisted with feminine hygiene during menstrual period	
Yes	No	Blows nose when needed	

6	<b>COMMUNICATION (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Searches for sound with eyes	
Yes	No	Turns head toward sound	
Yes	No	Follows moving objects with eyes	
Yes	No	Listens to music	
Yes	No	Responds to "no"	
Yes	No	Nod's head or smiles to express happiness	
Yes	No	Indicates wants by pointing or vocal noises	
Yes	No	Chuckles or laughs when happy	
Yes	No	Expresses anger by vocal noise	
Yes	No	Responds to directions, "come here"	
Yes	No	Communicates with gestures	
Yes	No	Communicates with sounds	
Yes	No	Speaks single words	
Yes	No	Speaks in phrases	
Yes	No	Speaks in sentences	

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Yes	No	Answers simple questions	
Yes	No	Ask questions	
Yes	No	Expresses feelings and desires	
Yes	No	Relates experiences	
Yes	No	Uses complex sentences	
Yes	No	Understands directions requiring decision	
Yes	No	Understands directions referring to the order in which things must be done	
Yes	No	Understands directions containing prepositions, "on, in, above"	
Yes	No	Speech is very difficult to understand	
Yes	No	Speech is somewhat difficult to understand	
Yes	No	Speech is easily understandable	
<b>7</b>	<b><i>SOCIALIZATION (Circle Yes or No)</i></b>		<b><i>Additional Notes</i></b>
Yes	No	Recognizes own family	
Yes	No	Recognizes people other than family	
Yes	No	Has information about others	
Yes	No	Shows affection to others	
Yes	No	Is careful not to hurt self	
Yes	No	Is careful not to hurt others	
Yes	No	Is careful not to disturb other's belongings or damage property	
Yes	No	Has preference for some people over others	
Yes	No	Does not respond to others in a socially acceptable manner	
Yes	No	Does not participate in group activities if encouraged	
Yes	No	Participates in groups spontaneously and eagerly	
Yes	No	Play some games with others	
Yes	No	Cooperates and shares with others	
Yes	No	Willingly obey simple commands	

Yes	No	Asks if there is something or him/her to do (chores or leisure activities)	
Yes	No	Will not engage in assigned activities	
Yes	No	Initiates most of own activities	
Yes	No	Maintains control of self even if angry	
Yes	No	Seeks attention in an appropriate manner	

8	<b>SENSE OF DIRECTION (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Gets lost whenever he/she leaves his/her own living area	
Yes	No	Goes around home/school alone	
Yes	No	Goes around hospital grounds or a few blocks from home without getting lost	
Yes	No	Goes a few blocks from home or school without getting lost	

9	<b>MONEY HANDLING (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Does not use money	
Yes	No	Uses money but does not make change correctly	
Yes	No	Adds coins of various denominations, up to one dollar	
Yes	No	Makes change correctly but does not use banking facilities	
Yes	No	Uses banking facilities independently	

10	<b>PURCHASING (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Does no shopping	
Yes	No	Does shopping with close supervision	
Yes	No	Does shopping with slight supervision	
Yes	No	Makes minor purchases without help (candy, soft drinks, etc.)	
Yes	No	Buys own clothing accessories	
Yes	No	Buys all own clothing	

11			<b>WRITING (Circle Yes or No)</b>	<b>Additional Notes</b>
Yes	No	Cannot write or print any words		
Yes	No	Writes or prints own name		
Yes	No	Write or prints ten words		
Yes	No	Writes or prints forty words		
Yes	No	Writes short notes and memos		
Yes	No	Writes sensible and understandable letters		

12			<b>READING (Circle Yes or No)</b>	<b>Additional Notes</b>
Yes	No	Recognizes ten or more words by sight		
Yes	No	Reads various signs, "one-way" "no" "parking" "woman" "men"		
Yes	No	Reads simple stories or comics		
Yes	No	Reads books suitable for children seven years old		
Yes	No	Reads books suitable for children nine years old		
Yes	No	Recognizes few than ten words or not at all		

13			<b>NUMBERS (Circle Yes or No)</b>	<b>Additional Notes</b>
Yes	No	Has no understanding of numbers		
Yes	No	Discriminates between "one" and "many" or "lot"		
Yes	No	Counts two objects by saying "one, two"		
Yes	No	Mechanically counts to ten		
Yes	No	Counts ten or more objects		
Yes	No	Does simple addition and subtraction		

14			<b>ROOM CLEANING (Circle Yes or No)</b>	<b>Additional Notes</b>
Yes	No	Does not clean room at all		
Yes	No	Cleans room but not thoroughly		



Yes	No	Cleans room well, sweeping, dusting and tidying	
15	<b>TABLE CLEANING (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Does not clear table at all	
Yes	No	Clears table of unbreakable dishes and silverware	
Yes	No	Clears table of breakable dishes and glassware	
16	<b>TIME (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Has no understanding of time	
Yes	No	Associates time on clock with various actions and events	
Yes	No	Understands time equivalents	
Yes	No	Understands time intervals	
Yes	No	Tells time by clock or watch correctly to the minute	
17	<b>FOOD PREPARATION (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Does not prepare food at all	
Yes	No	Prepares simple foods requiring no mixing or cooking	
Yes	No	Mixes and cooks simple food	
Yes	No	Prepares an adequate complete meal	
18	<b>JOB COMPLEXITY (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Performs no work at all	
Yes	No	Performs simple work	
Yes	No	Performs a job using tools or machinery	
19	<b>ATTENTION (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Will pay attention to purposeful activities for at least five minutes	

Yes	No	Will pay attention to purposeful activities for at least fifteen minutes	
Yes	No	Will pay attention to purposeful activities for more than 15 minutes	

20	<b>PERSONAL BELONGINGS (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Not responsible at all, does not take care of personal belongings	
Yes	No	Unreliable, seldom takes care of personal belongings	
Yes	No	Usually dependable, usually takes care of person belongings	
Yes	No	Very dependable, takes care of personal belongings	

21	<b>CHALLENGING BEHAVIOR (Circle Yes or No)</b>		<b>Additional Notes</b>
Yes	No	Threatens or does physical violence to others	
Yes	No	Damages own or other's property	
Yes	No	Disrupts other's activities	
Yes	No	Uses profane or hostile language	
Yes	No	Is rebellious (ignores regulations, resists following instructions)	
Yes	No	Runs away or attempts to run away	
Yes	No	Is untrustworthy (takes other's property, lies or cheats)	
Yes	No	Displays stereotyped behaviors (rocks body, hands in motion)	
Yes	No	Removes or tears off own clothing	
Yes	No	Does physical violence to self	
Yes	No	Is hyperactive (will not sit still for any length of time)	
Yes	No	Displays heterosexual behavior that is socially unacceptable	
Yes	No	Displays homosexual behavior that is socially unacceptable	
Yes	No	Displays other unacceptable sexual behavior (masturbates, exposes self)	





## *Who Are You?* \_\_\_\_\_

When interacting with other people, are you: a. social butterfly  or a wallflower

Would you consider yourself a: hugger  hand shaker  or a waver

Can you: whistle  snap your fingers  carry a tune  Play an instrument

What kind of music do you like and what instrument do you play? \_\_\_\_\_

Can you: read  write  both

Do you like being around other people? Yes  No

What is the individual's diagnosis? \_\_\_\_\_

Is the individual aware of his/her diagnosis? Yes  No

What life stories are important to him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Season \_\_\_\_\_

Least Favorite Season \_\_\_\_\_

Favorite Sport \_\_\_\_\_

Least Favorite Sport \_\_\_\_\_

Favorite Hobby \_\_\_\_\_

I don't like doing this \_\_\_\_\_

Favorite Holiday \_\_\_\_\_

Least Favorite Holiday \_\_\_\_\_

Favorite Snack \_\_\_\_\_

I don't like eating \_\_\_\_\_

Favorite Foods \_\_\_\_\_

Foods I do not like \_\_\_\_\_

Favorite Day of the Week \_\_\_\_\_

I get Frustrated When \_\_\_\_\_

Favorite Color \_\_\_\_\_

Please do not \_\_\_\_\_

Favorite Animal \_\_\_\_\_

I am afraid of \_\_\_\_\_

Favorite Memory \_\_\_\_\_

Do not show me \_\_\_\_\_

Favorite Subject \_\_\_\_\_

Least Favorite Subject \_\_\_\_\_