



Fall 2009 Out on the Town Support Needs Checklist

The Arc of Prince George's County
1401 McCormick Drive Largo, MD 20774
Phone: 301-925-7050, ext. 306 Fax: 301-925-4387

Participant's Name: _____ Date: _____

Diagnosis(s): _____

Related Medications: _____

Allergies: _____

1.	MOBILITY	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments:
	Walking				
	Stairs				
	Elevators/Escalators				
	Assistive Equipment (Check those that apply): <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Other: _____ Staff Supports Needed for: <input type="checkbox"/> Transferring <input type="checkbox"/> Operating Wheelchair <input type="checkbox"/> Other: _____				

2.	PERSONAL CARE	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments:
	Locating restroom				
	Using toilet				
	Buttons, zippers, belts				
	Has a set bathroom schedule: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe: _____ Wears Depends: <input type="checkbox"/> No <input type="checkbox"/> Yes				

3.	MEALTIME ROUTINES	Independent	Needs Verbal Prompts	Needs Physical Assistance	Comments:
	Orders food at restaurant				
	Uses silverware				
	Cuts up food as needed				
	Food Likes:				
	Food Dislikes:				
	Food Allergies/Dietary Restrictions:				
	ALCOHOL CONSUMPTION (For club members 21 and older): Can this person consume alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the number of acceptable beverages? <input type="checkbox"/> 12 oz. Beer/5oz. Wine <input type="checkbox"/> Mixed Drinks				

4.	BEHAVIORAL HISTORY	Yes	No	Comments:
	Usually maintains socially appropriate behavior in community-based settings?			

Has a behavioral support plan in place? (If yes, please attach)			
Has a history of aggressive or socially inappropriate behavior?			
If I am upset or frustrated, I will:			

5. COMMUNICATION
Primary Method of Communication: <u> </u> Verbal <u> </u> Gestures <u> </u> Adaptive Equipment <u> </u> Other: <u> </u>
I ask for assistance by:

6. MEDICAL NEEDS	Yes	No	Comments:
Do you have any health conditions that would limit ability to engage in physical activities?			
Do you need staff assistance to take medications during club hours?			
Do you have a seizure disorder? (If yes, please describe seizure protocols)			
Do you have any medical devices that require staff assistance or supervision?			
If not feeling well, I will:			

7. RECREATIONAL SKILLS	Very Skilled	Some Skills	No Experience	Would NOT like to participate in	Comments:
Bowling					
Roller Skating					
Ice Skating					
Bocce Ball					
Bingo					
Arcade Games					
Billiards/Pool					
Swimming					
Horseback Riding					
Dancing					
Fishing					
Hiking					
Other:					

8. RECREATIONAL INTEREST SURVEY
Activities I already do that I would like to do with the social club:
New activities I would like to try with the social club: