



The Club @AGI

Application

Name: _____ Date of birth: _____ Phone: _____

Address: _____ Email: _____

If Applicable: I am my own Guardian. Parent/Guardian: _____

Phone: _____ Address: _____

Email: _____

If Applicable: Staff Name: _____ Phone: _____ Address: _____

_____ Email: _____

About me: What activities would you like to participate in, while at The Club:

What should The Club staff know about you?

How do you like/need to be supported? Please check any supports that you require at home or in the community (REQUIRED) Requires support in the restroom Requires support ambulation support Requires support eating, has extreme food-seeking behaviors and diet restrictions

History of physical violence towards self or others History of or currently elopes /wanders
Needs assistance communicating Can be supported in a group setting with one staff and up to 7-10 other club members?

Please explain each checked box:

Do you experience any medical needs/supports that staff should be aware of?

What High school do/did you attend? _____

Do you attend day services? If so, where do you currently attend?

Funding/ Payment:

Pending Waiver services.

Respite waiver funding.

Medicaid Waiver active Service Coordinator Name/Phone: _____

Private pay.

Consents: The below have been completed and provided to The Club @AGI Director before attending.

Any assessment is necessary for staff to review.

Most current Physical

Guardianship order

Completed Intake/Consent forms. (Photo release, Emergency contacts, etc.)

Participant signature: _____ Date: _____

Guardian signature: _____ Date: _____