



# Teen & Young Adult Programming 2019-2020

## Dreamer Application

Dreamer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parents'/Guardians' Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's Email Address \_\_\_\_\_

If your Dreamer currently attends a school, day program, workshop, or other program, please explain:

Name of School/Program \_\_\_\_\_

Does your Dreamer have the MICHELLE P. WAIVER? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Medicaid ID#: \_\_\_\_\_

If yes, would you like to use respite services to fund your Dreamer's programming costs? \_\_\_\_\_

If yes, please list the Case Manager's name and phone number and/or email:

\_\_\_\_\_

For Dreamers 18 years of age and older: Has the Dreamer been adjudicated incompetent in court with an appointed legal guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is the Dreamer's legal guardian? \_\_\_\_\_

**Medical Information**

**Dreamer's Primary Diagnosis:** \_\_\_\_\_

**Additional Conditions – Please check all that apply to the Dreamer:**

- |                          |   |
|--------------------------|---|
| _____ Mental Retardation | _____ Seizure Disorder                      |
| _____ Visual Impairment  | _____ currently managed with medication     |
| _____ Hearing Impairment | _____ past history with no current seizures |
| _____ Cerebral Palsy     | _____ Other: _____                          |
|                          | _____ Other: _____                          |

Please describe in more detail any conditions you have indicated \_\_\_\_\_

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

**Allergies:** (medications, food, etc.) \_\_\_\_\_

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

Severity of allergies \_\_\_\_\_

Does the Dreamer carry an epi-pen? \_\_\_\_\_

**Supervision Needs**

**Given your Dreamer's skills and behaviors, what level of supervision does he/she require most of the day? In answering this question, please keep in mind how your Dreamer responds to new situations, new people, transitioning from one activity to another, and other qualities of the group setting. Please check only one:**

- \_\_\_\_\_ Dreamer can function totally independently in all or almost all settings with only occasional supervision.
- \_\_\_\_\_ Dreamer can function independently for short periods of time and can be supervised in a group with 1 staff and several other Dreamers the rest of the time.
- \_\_\_\_\_ Dreamer generally can function in a group with a supervisor and 2-3 other Dreamers. Dreamer needs one-to-one supervision only during specific activities.
- \_\_\_\_\_ Dreamer generally needs one-to-one supervision, but can function in group situations for some activities.
- \_\_\_\_\_ Dreamer needs one-to-one supervision throughout the day.
- \_\_\_\_\_ Dreamer needs more than one staff with him/her all day or when agitated or upset.

In the following sections, please check all statements that describe your Dreamer. Please answer thoroughly, giving examples. Use additional paper if necessary.

### COMMUNICATION

#### 1. How does your Dreamer get his/her message across?

- uses complete sentences \_\_\_\_\_
- uses 2-3 word phrases \_\_\_\_\_
- uses single words \_\_\_\_\_
- uses vocalizations, sounds, etc. \_\_\_\_\_
- uses sign language \_\_\_\_\_
- uses gestures, points, etc. \_\_\_\_\_
- uses objects to communicate \_\_\_\_\_
- takes you to things he/she wants \_\_\_\_\_
- cries or whines \_\_\_\_\_
- uses pictures \_\_\_\_\_
- uses word cards \_\_\_\_\_
- uses special system such as a communication board \_\_\_\_\_
- Dreamer can write to communicate \_\_\_\_\_

Additional Information \_\_\_\_\_

#### 2. How does your Dreamer understand what is said to him/her?

- you use complete sentences \_\_\_\_\_
- you use 2-3 word phrases \_\_\_\_\_
- you use single words \_\_\_\_\_
- you use gestures or point \_\_\_\_\_
- you use pictures \_\_\_\_\_
- you use sign language \_\_\_\_\_
- you use objects \_\_\_\_\_
- Dreamer reads:  complete sentences  2-3 word phrases  single words

Additional Information \_\_\_\_\_

#### 3. Which types of schedules work best with your Dreamer?

- |  |   |
|--|---|
| A. <input type="checkbox"/> Verbal Schedule          | B. <input type="checkbox"/> Full Day          |
| <input type="checkbox"/> Written Schedule            | <input type="checkbox"/> ½ Day                |
| <input type="checkbox"/> Photo/Graphic Schedule      | <input type="checkbox"/> 2-3 Events at a Time |
| <input type="checkbox"/> Does Not Require a Schedule | <input type="checkbox"/> 1 Event at a Time    |

Additional Information \_\_\_\_\_

#### 4. Please indicate and explain whether the Dreamer can express the following concepts and if so, how:

- Yes  No Can your Dreamer ask for help? \_\_\_\_\_
- Yes  No Does your Dreamer communicate an illness or pain? \_\_\_\_\_
- Yes  No Does your Dreamer communicate a dislike? \_\_\_\_\_

## SELF-HELP SKILLS

### 1. Mealtimes

- \_\_\_\_\_ Dreamer can use all utensils
- \_\_\_\_\_ Dreamer can NOT use: \_\_\_\_\_ fork, \_\_\_\_\_ spoon, \_\_\_\_\_ knife
- \_\_\_\_\_ Dreamer drinks from a cup unassisted
- \_\_\_\_\_ Dreamer chews and swallows with no problems
- \_\_\_\_\_ Dreamer has good table manners
- \_\_\_\_\_ Dreamer has inappropriate table manners (throws food, grabs food...please describe in additional info)
- \_\_\_\_\_ Dreamer has a poor appetite
- \_\_\_\_\_ Dreamer has an excessive appetite
- \_\_\_\_\_ Dreamer would eat better in a separate, smaller dining area away from the large group

What are your Dreamer's favorite foods and drinks?

\_\_\_\_\_

What foods will your Dreamer not eat or what foods would you prefer your Dreamer not eat?

\_\_\_\_\_

What allergies to foods and drinks does your Dreamer have?

\_\_\_\_\_

What other special dietary needs does your Dreamer have (GFCF diet, no sugar, no pork, only 1 serving, etc.)?

\_\_\_\_\_

We sometimes plan outings to take the Dreamers out to eat. What kind of assistance would your Dreamer need while ordering? Please also list your Dreamer's favorite restaurants and any restaurants that you would prefer your Dreamer not attend (we cannot guarantee restaurant preference):

\_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

### 2. Toileting

- \_\_\_\_\_ Dreamer is completely toilet-trained, uses toilet independently
- \_\_\_\_\_ Dreamer is partially toilet-trained, needs to be reminded to go
- \_\_\_\_\_ Dreamer needs some assistance using the toilet
- \_\_\_\_\_ Dreamer will use too much toilet paper or clog toilet
- \_\_\_\_\_ Dreamer needs complete assistance/total supervision in the restroom
- \_\_\_\_\_ Dreamer is not toilet-trained at all (wears diaper/training pants)
- \_\_\_\_\_ Dreamer needs assistance with feminine hygiene

How often does your Dreamer need to be taken to the restroom?

\_\_\_\_\_

\_\_\_\_\_

How does your Dreamer let you know that he/she needs to go to the restroom?

\_\_\_\_\_

Additional Information \_\_\_\_\_

**3. Dressing and Undressing (while changing clothes before/after swimming activities)**

- \_\_\_\_\_ Dreamer can dress independently
- \_\_\_\_\_ Dreamer can put on/take off bathing suit
- \_\_\_\_\_ Dreamer needs help putting on: \_\_\_\_\_ shirt, \_\_\_\_\_ shorts, \_\_\_\_\_ socks, \_\_\_\_\_ undergarments
- \_\_\_\_\_ Dreamer can fasten: \_\_\_\_\_ buttons, \_\_\_\_\_ snaps, \_\_\_\_\_ zippers
- \_\_\_\_\_ Dreamer can: \_\_\_\_\_ put on shoes, \_\_\_\_\_ tie shoelaces
- \_\_\_\_\_ Dreamer can undress completely
- \_\_\_\_\_ Dreamer can undress partially
- \_\_\_\_\_ Dreamer needs a lot of assistance undressing/dressing

Please describe what assistance your Dreamer needs in dressing and/or undressing: \_\_\_\_\_

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

**BEHAVIORAL INFORMATION**

Please indicate how often, if ever, your Dreamer does the following behaviors and the consequences. We must have accurate information about your Dreamer's behaviors and how to respond to them.

<b>Behavior</b>	<b>Never</b>	<b>Seldom</b>	<b>Often</b>	<b>What you do when this occurs</b>
Dreamer scratches, pinches, bites, or hits self				
Dreamer bangs own head				
Dreamer scratches, pinches, bites, or hits others				
Dreamer grabs other people				
Dreamer touches others inappropriately				
Dreamer throws things				
Dreamer gets into personal belongings				
Dreamer runs/wanders away				
Dreamer climbs on furniture				
Dreamer uses inappropriate language				
Dreamer spits on others				
Dreamer dumps liquids				
Dreamer strips own clothing				
Dreamer exposes self in public				
Dreamer masturbates inappropriately				
Dreamer is not trustworthy				

Please describe in more detail these behaviors or any other behaviors that you do not want your Dreamer to do and explain how you want the Dreams staff to deal with them (if applicable):

**Behavior**

**Consequences/Triggers**

Example: Dreamer throws objects

Must pick up object and return to proper place

_____	_____
_____	_____
_____	_____
_____	_____

**Behavior Plans:**

Does your Dreamer have a behavior plan in place? \_\_\_\_\_ If so, we request a copy during the application process as to best support your child/young adult. **Please attach your Dreamer’s most current behavior plan.**

List any obsessive-compulsive behaviors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the individual had any involvement with law enforcement? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

**EMOTIONAL RESPONSES**

- |  |   |
|--|---|
| _____ Dreamer prefers to be by self          | _____ Dreamer clings to other people            |
| _____ Dreamer does not like to be touched    | _____ Dreamer gets upset if the routine changes |
| _____ Dreamer cries for no apparent reasons  | _____ Dreamer laughs for no apparent reason     |
| _____ Dreamer is bothered by excessive noise |   |

Please list things that scare or upset your Dreamer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe what helps to calm your Dreamer when he/she is sad, hurt, afraid, or otherwise upset:

\_\_\_\_\_

\_\_\_\_\_

**SENSORY RESPONSES**

Please indicate your Dreamer’s reaction to the following sensory input if the response is unusual:

	<b>Over reacts</b>	<b>Under reacts</b>	<b>Comments</b>
Visual stimulation			
Lights			
Sunlight			
Heat			
Touch			
Thunderstorms			
Pain			

Animals			
Sounds			
Voices			

Please note other sensitivities or provide additional information \_\_\_\_\_

\_\_\_\_\_

### REINFORCEMENT

Reinforcers:

- \_\_\_\_\_ Edibles (food or drink)
- \_\_\_\_\_ Music
- \_\_\_\_\_ Tokens
- \_\_\_\_\_ Particular object
- \_\_\_\_\_ Preferred activity

Schedule of Reinforcement:

- \_\_\_\_\_ fixed time interval (i.e., every 15 min)
- \_\_\_\_\_ Completion of task or activity
- \_\_\_\_\_ End of day
- \_\_\_\_\_ End of time period
- \_\_\_\_\_ Other: \_\_\_\_\_

Please describe manner of reinforcement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACTIVITY LEVELS

- \_\_\_\_\_ Dreamer has typical attention span and level of activity for his/her age
- \_\_\_\_\_ Dreamer has a very short attention span
- \_\_\_\_\_ Dreamer is less active/needs motivation to participate
- \_\_\_\_\_ Dreamer is overactive
- \_\_\_\_\_ Dreamer is easily distracted by sights, sounds, people, etc.

Please describe how you manage your Dreamer's activity level; motivate him/her to participate, etc. \_\_\_\_\_

\_\_\_\_\_

Please list any undesirable activities for your Dreamer (please be specific): \_\_\_\_\_

\_\_\_\_\_

### INDOOR ACTIVITIES

Please check all indoor games/activities below that your Dreamer particularly enjoys.

- |                |                        |                                 |                     |
|----------------|------------------------|---------------------------------|---------------------|
| ___ books      | ___ listening to music | ___ playing musical instruments | ___ word searches   |
| ___ computer   | ___ magazines          | ___ puzzles                     | ___ writing letters |
| ___ crosswords | ___ making crafts      | ___ video games                 |                     |
| ___ drawing    | ___ painting           | ___ watching videos             |                     |

\_\_\_ board games (any favorites?) \_\_\_\_\_

\_\_\_ card games (any favorites?) \_\_\_\_\_

\_\_\_ other: \_\_\_\_\_

\_\_\_ Dreamer will do fine working at a table or in a group with several others.

\_\_\_ Dreamer needs to have his/her own personal work area separate from others to be successful.

## OUTDOOR ACTIVITIES

Please check (✓) all activities that are appropriate for your Dreamer's abilities and interests. Please mark (✱) any activities that you would particularly like your Dreamer to try.

### **Ball Activities**

- \_\_\_\_\_ volley ball
- \_\_\_\_\_ ball toss
- \_\_\_\_\_ basketball
- \_\_\_\_\_ bowling
- \_\_\_\_\_ kicking a ball / soccer

### **Water Activities**

- \_\_\_\_\_ slip & slide
- \_\_\_\_\_ swimming – free play
- \_\_\_\_\_ water balloon toss
- \_\_\_\_\_ water relays

### **Sensory**

- \_\_\_\_\_ bubbles
- \_\_\_\_\_ sensory activities (lights, sounds, textures, smells)
- \_\_\_\_\_ balance activities (on a beam or Occupational Therapy balls)

### **Exercising**

- \_\_\_\_\_ exercise stations (sit-ups, push-ups, etc.)
- \_\_\_\_\_ hikes in woods
- \_\_\_\_\_ jumping rope
- \_\_\_\_\_ riding bike
- \_\_\_\_\_ stretching
- \_\_\_\_\_ trampoline
- \_\_\_\_\_ walking

### **Group Activities**

- \_\_\_\_\_ badminton
- \_\_\_\_\_ Duck-Duck Goose
- \_\_\_\_\_ kickball
- \_\_\_\_\_ Musical Chairs
- \_\_\_\_\_ parachute games
- \_\_\_\_\_ relay races
- \_\_\_\_\_ singing
- \_\_\_\_\_ soccer/kicking into goals
- \_\_\_\_\_ T-ball
- \_\_\_\_\_ volleyball

### **Individual Activities in Group Setting**

- \_\_\_\_\_ aerobics
- \_\_\_\_\_ animals (petting, walking, holding, etc.)
- \_\_\_\_\_ dancing
- \_\_\_\_\_ building things
- \_\_\_\_\_ yoga

### **Individual Activities**

- \_\_\_\_\_ bean bag toss / corn hole
- \_\_\_\_\_ swinging
- \_\_\_\_\_ fishing
- \_\_\_\_\_ frisbee
- \_\_\_\_\_ horseshoes/ring toss
- \_\_\_\_\_ hopscotch
- \_\_\_\_\_ playground
- \_\_\_\_\_ putt-putt
- \_\_\_\_\_ stacking cones

Please list any additional activities your Dreamer enjoys doing outside or recreationally: \_\_\_\_\_

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## FIELD TRIPS

Please check (✓) all activities that your Dreamer would enjoy. Please mark (✱) all activities that your Dreamer does not enjoy. We cannot guarantee that these activities will be included in the schedule.

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| _____ Louisville Zoo            | _____ Joe Huber's Farm              |
| _____ Louisville Science Center | _____ Pump it Up / Puzzles Fun Dome |
| _____ Bowling Alley             | _____ All About Kids                |
| _____ Belle of Louisville       | _____ Louisville Bat Museum         |
| _____ Horseback Riding          | _____ Planetarium                   |
| _____ Movie Theater             | _____ Speed Art Museum / Art Sparks |

## Swimming

- \_\_\_\_\_ I am unsure of how the Dreamer does in the pool
- \_\_\_\_\_ Dreamer swims well
- \_\_\_\_\_ Dreamer cannot swim, must remain in the shallow end of the pool
- \_\_\_\_\_ Dreamer fears water/will not get in the water willingly
- \_\_\_\_\_ Dreamer drinks pool water
- \_\_\_\_\_ Dreamer has bowel movements in the pool
- \_\_\_\_\_ Dreamer needs to wear a lifejacket in the pool at all times (please provide us with a lifejacket)
- \_\_\_\_\_ Dreamer must wear earplugs while in the pool (please provide us with earplugs)

Does your Dreamer enjoy water slides? \_\_\_\_\_

## MISCELLANEOUS

What are your Dreamer's strengths?

\_\_\_\_\_

\_\_\_\_\_

What would you like your Dreamer to get out of his/her experience at Dreams With Wings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else should we know about your Dreamer to make his/her experience a great one? Please use as much additional paper as you need. The more we know about your Dreamer's likes, dislikes, skills and needs, the better we can serve them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applications can be mailed to:  
Dreams With Wings, Inc.**

**Attn:**

**1579 Bardstown Road  
Louisville, KY 40205**

**Please contact Heather Sauer with any questions or concerns (email is preferred):**

**E-Mail: [hsauer@dreamswithwings.org](mailto:hsauer@dreamswithwings.org) Phone: 502-459-4647**