

RECREATION SUPPORT SERVICES ADULT PARTICIPANT PROFILE

The following questionnaire is designed to gather information so that RSS may provide the best possible services for you.

Today's Date: _____

Participant's Name: _____

Preferred name/what you like to be called: _____

Home Phone Number: _____

Cell Number: _____

Email: _____

Best way to reach you: _____

Please Check As Many as Apply

Communication:

- Good
- Shy
- Limited Conversation
- Interpreter Needed
- Dominates Conversation
- Inappropriate Topics
- Other: (please explain)

Comprehension:

When given a one or two-step verbal direction, the person:

- Always understands
- Usually understands
- Sometimes understands
- Rarely understands
- Never understands
- Others: _____

Recreation Goals:

- Fitness
- Friendship
- Socialization
- Skills
- Other: (please explain)

Most Comfortable Setting:

Check all that apply

- Individual (1:1)
- Small Group (2 - 6 people)
- Large Group (7+ people)
- Comments:

General Concerns:

- Behavior
- Physical Limitations
- Allergies
- Sensitivities (noise, light fragrance, temperature)
- Fears (dogs, etc)
- Other: (please explain)

Please turn over and answer the questions on the back of this form...



1. What are your expectations/goals of this program? Why do you want to participate in RSS programs?
2. Do you live with family, a roommate, independently or group community residence, or other?
3. Do you work or volunteer? When do you have free time for recreation programs?
4. What are your favorite activities that you like to do in your free time?
Solitary activities:

Activities with other people:
5. If you were to participate in RSS programs do you have your own transportation? If yes, how would you get to & from programs?
6. If some RSS programs included an entrance or admission fee would you be able to cover those fees to participate? Or would you need financial scholarship assistance?
7. Do you have any medical, safety, mobility, social, or other specific special needs that RSS staff should know about to assist you in achieving a most successful experience in our recreation programs?
8. Do you take medications and are there any side effects we should be aware of?
9. Will you be using any adaptive equipment while participating in programs?
10. Other comments?

Thank you and please return to:
RSS Adult Program Coordinator
Recreation Support Services - Ithaca Youth Bureau
1 James L. Gibbs Drive - Ithaca, NY 14850
Any questions call 607-273-8364

Are you connected with any related services listed below?

OPWDD

TABS # _____

Self - Directed (Circle: yes / no)

Care Manager Name: _____

Phone number: _____

Email: _____

(If self-directed) Broker Name: _____

Phone number: _____

Email: _____

Franziska Racker Center (FRC)

Contact Name: _____

Phone number: _____

Email: _____

Unity House

Contact Name: _____

Phone number: _____

Email: _____

Challenge Industries

Contact Name: _____

Phone number: _____

Email: _____

Murray Center

Contact Name: _____

Phone number: _____

Email: _____

Tompkins County Mental Health Services (TCMHS)

Contact Name: _____

Phone number: _____

Email: _____

OTHER:

Contact Name: _____

Phone number: _____

Email: _____