



## Participant Information & Assessment

---

**Indicate Journey21 Program Interest:** (check all that apply)

- 18-21 Transition Academy
- Life Academy
- Summer Academy

- Life Enrichment Program
- CORE Programs
- LAUNCH Program

### Participant Information:

**Name:**

---

**Nickname:**

---

**Date of Birth:**

---

**Address:**

---

**Home Phone:**

---

**Cell Phone:**

---

**Email:**

---

**Gender:**

---

**Ethnicity:**

---

**Pronouns:**

---

**Does the participant have a legal guardian?**  Yes  No

If yes, please list who the guardian is? \_\_\_\_\_

### Guardian Contact Information:

**Name:**

---

**Address:**

---

**Home Phone:**

---

**Work Phone:**

---

**Cell Phone:**

---

**Email:**

---

**Relationship:**

---

### Guardian Contact Information:

**Name:**

---

**Address:**

---

**Home Phone:**

---

**Work Phone:**

---

**Cell Phone:**

---

**Email:**

---

**Relationship:**

---

---

### EMERGENCY CONTACT:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Was the participant adopted?**  Yes  No **If yes, at what age and please indicate anything notable:**

--

### Waiver/Funder Contacts:

What is your current waiver funding?  IRIS  CLTS  MyChoice  Community Care  N/A

If you have waiver funding, please provide contact name for IRIS Consultant, Family Care Case Manager or CLTS Case Worker:

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Does the participant experience difficulties with: (if yes, please describe)**

<b>Ambulation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vision:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hearing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Communication:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### INTERESTS/PREFERENCES/NON-NEGOTIABLES:

My favorite:

<b>Foods/Restaurants:</b>	
<b>Sports:</b>	

<b>Movies/Books:</b>	
<b>Music:</b>	

I have non-negotiables (objects/activities/etc.)

1. *What is the primary purpose of the study?*

I enjoy participating in the following activities (please check all that apply):

<input type="checkbox"/> Music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Movies	<input type="checkbox"/> Cooking	<input type="checkbox"/> Art
<input type="checkbox"/> Legos	<input checked="" type="checkbox"/> Exercise	<input type="checkbox"/> Sports	<input type="checkbox"/> Baking	<input type="checkbox"/> Hiking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Board Games
<input type="checkbox"/> Special Olympics (please specify):				
<input type="checkbox"/> Other (please specify):				

**MEDICAL HISTORY:** (feel free to attach information)

<b>Diagnoses:</b>	
<b>Medical Conditions:</b>	
<b>Medications:</b>	
<b>Do you take any medications during the day?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you need assistance with these medications while at Journey21?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

Does the participant have allergies?  Yes  No      If yes, please list what kind?

Medication:	
Food:	
Seasonal:	
Other:	

Does the participant have a history of seizures?  Yes  No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the participant sustain a brain injury?  Yes  No      If yes, complete below:

Date injury occurred:	
Type/location of brain injury if known	
Severity of injury:	
Personality changes due to injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown or unable to determine.

Does the participant have a special diet?  Yes  No      If yes, please describe:

--

#### TRAUMA HISTORY:

Does the participant have a known history of being abused?  Yes  No      If yes, at what age and please indicate type of abuse:

--

---

**Does the participant have a known history of being neglected?  Yes  No If yes, at what age and please describe:**

**Has the participant experienced other traumatic events?  Yes  No If yes, at what age and please describe:**

### **Behavior/Self-Advocacy**

I am sensitive to noisy environments or bright lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use an appropriate tone of voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am comfortable starting a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give personal space to the people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I display appropriate behaviors in public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I don't understand directions, I ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need 2 or less prompts to stay on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I become frustrated or anxious easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I interrupt and can dominate a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can follow simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a difficult time putting down my phone or tablet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I ask for help or speak up when I don't understand something	<input type="checkbox"/> Yes	<input type="checkbox"/> No

---

#### PROGRAM/WORK HISTORY:

**Has the participant attended an Adult Day or Vocational Services Program?**  Yes  No

If yes, please indicate:

**Has the participant ever been dismissed or suspended from any program?**  Yes  No

If yes, please state the circumstances and date(s)?

**Is the participant currently employed?**  Yes  No

**Has the participant had employment in the past?**  Yes  No

If yes, to either above question, please describe:

#### SHORT/LONG-TERM GOALS:

---

Name of Person Completing the Information Form

---

Date



**OUTING RELEASE AND WAIVER,  
MEDICAL CONSENT AND  
LIKENESS USE AUTHORIZATION**

**IN CONSIDERATION** of the agreement by JOURNEY21, INC. ("Journey21") to provide \_\_\_\_\_ [print name], age (if under 18) \_\_\_\_\_ (the "Participant"), with the opportunity to participate voluntarily in CORE Programs conducted by Journey21 (each an "Outing"), the Participant and his/her insurers, successors, assigns, agents, heirs, spouse and representatives, as applicable (collectively the "Releasors"):

**1. RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND WAIVE THE LIABILITY OF** Journey21, and its affiliates, shareholders, members, managers, directors, officers, agents, employees, volunteers, insurers, representatives and successors and assigns (collectively the "Releasees"), **FROM AND FOR ANY AND ALL CLAIMS, INJURIES, LOSSES AND/OR DAMAGES ARISING OUT OF OR RELATED TO AN OUTING, INCLUDING, WITHOUT LIMITATION, THE CONSENT FOR EMERGENCY TREATMENT AND THE DISSEMINATION, REPRODUCTION, DISTRIBUTION AND/OR DISPLAY OF HIS/HER LIKENESS IN PRINT OR ANY OTHER MEDIA** (collectively, the "Released Matters").

**2. ACKNOWLEDGE AND FULLY UNDERSTAND** that not all risks can be foreseen, there are some risks which are unpredictable and that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury and/or property damage that may result from not only the Releasees' actions, inactions or negligence, but also the action, inaction or negligence of others, the conditions of the location or any of personal property used. The Releasors are aware of the risks of participation, which include, without limitation, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. Journey21 has advised the Participant to seek the advice of his/her physician before participating in an Outing, and to have health and accident insurance in effect and that no such coverage is provided by Journey21. **THE RELEASORS (A) KNOW, UNDERSTAND AND APPRECIATE THE RISKS THAT ARE INHERENT IN AN OUTING, (B) ASSERT THAT SUCH PARTICIPATION IS VOLUNTARY AND (C) KNOWINGLY ASSUME ALL SUCH RISKS, INCLUDING THOSE RISKS NOT KNOWN OR REASONABLY FORESEEABLE AT THE TIME OF AN OUTING.**

**3. GRANT PERMISSION AND AUTHORIZE** Journey21 and its designated representatives to consent, on the Participant's behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician or dentist, and to transfer the Participant to any hospital or urgent care facility reasonably accessible. The Participant (or Parent/Guardian if under 18) agrees to be responsible for all necessary charges incurred by any hospitalization or urgent care treatment rendered pursuant to this authorization.

**4. GRANT PERMISSION AND AUTHORIZE** Journey21 and its designated representatives to create and/or obtain and use the Participant's photograph, voice, or quotes, name, biographical information, a video and/or audio recording or other likeness of Participant (collectively, "Likeness") for purposes related to the mission of Journey21, including publicity, marketing and promotion of Journey21 and its various programs without payment, royalties or other compensation. Participant understands his/her Likeness may be copied/reproduced and distributed by means of various media, including, without limitation, video presentations, radio retransmission, news releases, mail-outs, emails, billboards, signs, brochures, placement on websites and/or other electronic delivery, publication, displays or promotion on any and all other

media. Participant waives his/her right to inspect or approve the finished product or material in which Journey21 may eventually use such Likeness and relinquishes and gives Journey21 all rights, title and interests to such Likeness, including copyright therein. Participant further understands that, although Journey21 will endeavor to use his/her Likeness in accordance with standards of good judgment, Journey21 cannot warrant or guarantee that any further dissemination of such Likeness will be subject to Journey21 supervision or control.

**5. AGREE THAT THIS OUTING RELEASE AND WAIVER, MEDICAL CONSENT AND LIKENESS USE AUTHORIZATION ("Release") EXTENDS TO ALL ACTS OF NEGLIGENCE BY THE RELEASEES** and is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin and that whenever possible, each paragraph shall be interpreted in such manner as to be effective and valid under applicable law. If any provision is held to be prohibited or invalid, such provision shall be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the other remaining provisions of this Release.

**6. FURTHER, IN CONSIDERATION OF PARTICIPATION IN AN OUTING, THE RELEASEORS AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS**, the Releasees from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death, costs and expenses (including reasonable attorney's fees and reimbursement obligations) and liabilities which may result from the Participant's participation in an Outing and the Released Matters, including, without limitation, claims based on the negligence of the Releasees, but expressly does not include claims based on their intentional misconduct or gross negligence.

**I HAVE READ AND FULLY UNDERSTAND THIS RELEASE; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR ASSURANCE BEING MADE TO ME; AND BY MY SIGNATURE, I INTEND TO COMPLETELY AND UNCONDITIONALLY RELEASE THE RELEASEES FROM ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

PARTICIPANT:

DATE: \_\_\_\_\_

\_\_\_\_\_  
(print name)

**EMERGENCY CONTACT:**

X:

\_\_\_\_\_  
(print name/relationship)

\_\_\_\_\_  
(Parent or Guardian must sign if Participant is under 18<sup>1</sup>)

\_\_\_\_\_  
(print name/relationship)

PHONE/TEXT #1: \_\_\_\_\_

PHONE/TEXT #2: \_\_\_\_\_

<sup>1</sup>If your son, daughter or ward will be under 18 while participating in an Outing, it is the policy of Journey21 to request your agreement to the above terms, on behalf of your minor son, daughter or ward.



### **Authorization to Photograph/Interview (Select One)**

I hereby DO NOT grant permission to a representative of Journey 21 to photograph and/or videotape me or my family for any purpose.

I hereby grant permission to a representative of Journey 21 to photograph and/or videotape me or my family for the following purpose:

---

### **Authorization to Use for Marketing Purposes (Select One)**

I DO NOT authorize Journey 21 to use and/or permit others to use the aforementioned images and/or information

I authorize Journey 21 to use and/or permit others to use the aforementioned images and/or information without compensation for the following

Institutional Marketing/Advertising       Fundraising

Electronic Publishing (World Wide Web)       News Media

---

### **Authorization to Use for News Media (Select One)**

I hereby DO NOT grant permission to a representative of the news media to use my photo or videotape.

I hereby grant permission to a representative of the news media to:

Photograph  Videotape  Interview me and/or my family for the following purpose:

---

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization.

I understand that news media representatives are not covered by federal privacy regulation and my health information may be redisclosed and no longer protected by these regulations.

Unless revoked earlier, this authorization will expire one year from date of signing, except to the extent that action has been taken in reliance upon this authorization.

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Signature of person authorized to consent if participant is a minor or requires a guardian)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_