**Barron County Developmental Services, Inc.**

**Application for Services**

To be completed by individual and/or legal guardian

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Source**

Circle One: IRIS Inclusa

Consultant/Community Resource Coordinator – Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Sources of Income: Medical Insurance (Circle those that apply):   
SSI - $\_\_\_\_\_\_\_\_\_\_\_ Medicare

SSDI - $\_\_\_\_\_\_\_\_\_\_\_ Medicaid

Other - $\_\_\_\_\_\_\_\_\_\_\_ Private Insurance

**Support Network**

Current Living Arrangement (Circle One): Home Contact Information:

Independently Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Family Home Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community-Based Residential Facility Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With Family/Parents Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Guardian Name (List ‘Self’ As Appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If applicable, please include a copy of the full Guardianship order with this application\***

1. Representative Payee

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education and Experience**

**High School** (Circle One): Certificate of Completion Certificate of Attendance Diploma

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Completed \_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Work History** (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skills Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Work History** (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skills Obtained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Needs**

BCDSI staff are committed to providing supports based on individual need. It is very important that we are aware of any and all medical conditions so that we can guide our clients throughout their time with us. Please complete the following chart so that we can provide the best service possible.

|  |  |  |
| --- | --- | --- |
| **Check all that apply** | **Condition** | **Please indicate specifics along with current treatment/ support methods** |
|  | Epilepsy |  |
|  | Diabetes |  |
|  | Asthma |  |
|  | Heart Condition |  |
|  | Vision Loss |  |
|  | Hearing Loss |  |
|  | Physical Limitation |  |
|  | Mental Health Issues |  |
|  | Special Diet |  |
|  | Physical Restrictions |  |
| **Check all that apply** | **Condition** | **Please indicate specifics along with current treatment/ support methods** |
|  | Allergies  (please list w/ TX) |  |
|  | Females – Menstrual Care Needs |  |
|  | Other – please list |  |

**Please list all diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prescription Medications**

It is important for BCDSI to have current medication records in the event of an emergency. Lists are only shared with staff on a need-to-know basis or with medical professionals (EMTs) as warranted.

Individuals may maintain control of their medications or give them to staff who will store them in a locked box. All clients must be able to administer their own medications (prompts and distribution can be provided). All medications need to be clearly labeled with the individual’s name, the medication name, dose, time, and route.

We also ask that you complete the following for medications taken while at BCDSI.

1. Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be Administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be Administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time to be Administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Over-the-Counter Medications**

There may be times that individuals are in need of over-the-counter medications. BCDSI staff want to be mindful of any allergies or contraindications though, so please indicate, by initialing, whether the following should be administered upon request; staff may also administer based on their observations and best judgement.

Please initial as appropriate.

\_\_\_\_\_ **Acetaminophen** as needed for pain.

\_\_\_\_\_ **Ibuprofen** as needed for pain.

\_\_\_\_\_ **Tums** for acid indigestion.

\_\_\_\_\_ **Throat lozenges** for sore throat.

\_\_\_\_\_ **Neosporin** ointment for skin abrasions.

\_\_\_\_\_ **Latex bandages** for minor cuts and scrapes.

\_\_\_\_\_ Spray-on **Sun Screen**, SPF 50.

\_\_\_\_\_ Spray-on **Insect Repellent**, deet free.

**Acknowledgements and Agreements**

**Photo Publishing**

BCDSI enjoys sharing the successes and accomplishments of our clients. We take pictures on occasion and post them to Facebook, our website, or have them published in area newspapers.

Please Initial if you agree

\_\_\_\_\_ DO you consent to have your **picture** published?

\_\_\_\_\_ DO you consent to have your **name** published?

**Transportation Services Agreement**

Riding a BCDSI vehicle is a privilege. **The driver is the supervisor of the vehicle and has full authority while driving!** He/she is responsible for the comfort, security and most important, the safety of everyone. Your behavior must be appropriate at all times. Any distraction for the driver could result in an accident causing injury or death.

Please take the time to ensure that each individual entering the BCDSI program understands the following and has the opportunity to initial each statement.

\_\_\_\_\_ RESPECT – I will be kind and courteous toward the driver and other passengers.

* no bullying, teasing, intimidating, or destruction of property

\_\_\_\_\_ COMMUNICATION – I will keep my voice to an appropriate level and engage in mature conversations

* no yelling, cursing, or arguing with others

\_\_\_\_\_ SPACE – I will keep my hands and legs to myself and not invade the personal space of others.

* no hitting, pushing, tripping, tickling or other unwanted physical contact

If your driver observes any such inappropriate behavior, he/she will issue you a verbal warning that the behavior must not continue. If the issue persists, the driver will notify the BCDSI Program Manager and further action may be taken.

Consequences may include: assigned seating; contacting parents, guardians, or home providers; suspension; and/or loss of vehicle privileges (meaning you would be responsible for finding transportation to/from the program).

**Community-Based Activity Agreement**

BCDSI strives to develop opportunities based on the interests of the clients we serve. We work with each individual to determine their personal goals and aspirations whether it be volunteering, involvement in civic and/or social groups, participating in fitness activities or exploring community employment through business tours and job shadowing. As the inherent nature of these activities occur within the community, we ask that individuals or guardians (as appropriate) please acknowledge the following and initial each statement.

\_\_\_\_\_ I hereby release BCDSI, the staff, its parent company, the Board of Directors, and any site that the above named individual may be visiting, from any and all liability resulting from events beyond control.

\_\_\_\_\_ In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage.

\_\_\_\_\_ Furthermore, I release BCDSI, its parent company, the Board of Directors, their officers, employees, agents, volunteers, and any site that the above named individual may be visiting, for any loss, personal injury, accident, misfortune, or damage, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the client named in this document.

*This consent form will remain in effect indefinitely. Please note that clients without this consent on file will not be able to participate in community-based activities.*

**On behalf of the staff and clients at BCDSI, we look forward to working with you!**

If you have any questions or would like additional information regarding the contents of this application, please connect with either:

Joe Wacek, Director Or Lynnea White, Program Manager

(715) 537-5341 ext. 4 (715) 537-5341 ext. 2

[jwacek@ccbsuperior.org](mailto:jwacek@ccbsuperior.org) [programgmt.bcdsi@chibardun.net](mailto:programgmt.bcdsi@chibardun.net)