



Preliminary Interest Form

Forward Journey is a day program for adults with multiple, severe disabilities. Unsure if your loved one is appropriate for the program? Complete this form and we will set up a tour for you and the prospective participant at either of our locations. Please mail to 52 Reads Way, New Castle DE 19720 or email to info@forwardjourney.org.

All information maintained confidentially.

Today's Date	
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Contact Information

Prospect Name (First, Middle, Last)	
Street Address	
City State Zip	
Person Filling Out Application	
Relationship to Prospect	
Contact/Guardian/Mother's Name	
Contact/Guardian/Father's Name	
Primary Contact Phone Number	
Primary Contact Email Address	
Where does prospect live? (with family, group home, etc.)	

Prospect Information

Date of Birth	
Gender	
Height	
Weight	

Nature of Prospect's Disability

Primary Diagnoses	
Secondary Diagnoses	
Age at onset of disability	

Does prospect use a feeding tube?	Yes	No
Does prospect have a seizure disorder?	Yes	No
Is prospect weight bearing?	Yes	No
Is prospect continent?	Yes	No
Does prospect need oxygen?	Yes	No
Is prospect ambulatory?	Yes	No
Are there any behavior issues?	Yes	No

If yes, please describe:

DDDS Status

Is prospect eligible for DDDS services?	Yes	No	In Process	Unknown
Has an ICAP Assessment been completed?	Yes	No	In Process	Unknown

Caseworker Name	
Phone Number (office)	
Phone Number (cell)	
Email Address	

Additional Information

Has legal guardianship been obtained?	Yes	No
If yes, which type?	Legal	Medical
Can documentation of guardianship be provided?	Yes	No
Is prospect in school?	Yes	No
If yes, which school?		

Is prospect attending a day program?	Yes	No
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If yes, which one and what is the reason for changing programs?

When does prospect wish to begin attending a day program?

Is there anything else you would like to share with us?