



indian
trails
camp

R.E.C. CONNECT
[RECREATION • EXPERIENCE • COMMUNITY]
MEMBER PROFILE

Mail applications to:

IKUS Life Enrichment Services/
Indian Trails Camp
0-1859 Lake Michigan Dr NW
Grand Rapids, MI 49534

Or Fax to: 1 (616) 426-6170

Email: info@ikuslife.org

PARTICIPANT INFORMATION

PARTICIPANT'S NAME (LAST): _____ (FIRST): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SEX: Female Male AGE: _____ BIRTHDATE: ____/____/____ MEDICAL DIAGNOSIS: _____

AFC INFORMATION: _____

EMERGENCY CONTACT (NAME): _____ (PHONE NUMBER): _____

HOW ARE THEY RELATED? _____

DOES PARTICIPANT RECEIVE OTHER IKUS SERVICES? Yes No

HOBBIES/INTERESTS

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Board/Card Games | <input type="checkbox"/> Fishing | <input type="checkbox"/> Playground Time | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Group Activities | <input type="checkbox"/> Sensory Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Music | <input type="checkbox"/> Singing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Nature Exploration | <input type="checkbox"/> Sports | <input type="checkbox"/> Other _____ |

MEDICAL CONDITIONS/NEEDS

ARE THERE ANY MEDICAL CONDITIONS/NEEDS THAT WE SHOULD BE AWARE OF? _____

IF USING A WHEELCHAIR, IS PARTICIPANT CAPABLE OF TRANSFERRING? Yes No WHEELCHAIR (type) _____

OTHER MOBILITY DEVICE? _____

ARE THERE ANY ALLERGIES OR INTOLERANCES THAT WE SHOULD BE AWARE OF? _____

PLEASE LIST SPECIFIC MEDICAL INSTRUCTIONS: _____

OTHER HELPFUL INFORMATION: _____



SAFETY NEEDS:

| | Never | Rarely (Yearly) | Sometimes (Monthly) | Frequently (Weekly) | Daily | Additional Comments |
|-------------------------|-------|-----------------|---------------------|---------------------|-------|---------------------|
| Bad Language | | | | | | |
| Food Stealing | | | | | | |
| Inappropriate Touch | | | | | | |
| Refusing To Move | | | | | | |
| Self-Injurious Behavior | | | | | | |
| Stealing | | | | | | |
| Throwing Things | | | | | | |
| Running Away | | | | | | |
| Wandering | | | | | | |

YOU CAN HELP ME BY:

- Quiet space
- Offer me water
- Offer me choices
- Speak calmly and in a quiet voice
- Use fewer words
- Take a break inside
- Use a picture prompt or schedule
- Transitioning
- Provide deep pressure
- Provide sensory input (swings, jumping, running)
- Talk to me about why I'm upset
- Other _____
- Other _____
- Other _____

I COMMUNICATE BEST:

- Non verbal
- Verbally
- Writing notes
- Using sign language
- Using gestures/pointing
- Using simple words
- Using simple signs
- Using body language and facial expressions
- Other _____
- _____
- _____

I COULD BECOME UPSET BECAUSE:

- I am being told "NO"
- I feel that I am in a "NOT FAIR" situation
- I am being asked to wait
- I am afraid
- I am being asked to take turns
- I am trying to communicate and I am not being understood
- There is a change in my schedule
- I feel someone is "bossing me around"
- It is loud
- I am in a crowd
- I am asked to share
- I am hungry/thirsty
- I am homesick
- Other _____
- Other _____
- Other _____

I MAY NEED SOME HELP:

TOILETING

- Independent
- Verbal direction
- Physical assistance
- Total assistance

MOBILITY-PLEASE CHECK ALL THAT APPLY

- Ambulatory
- Ambulatory with assistance
- Staff assistance
- Cane/Walker
- AFO (Type: _____)
- Uses wheelchair
- Manual
- Power

Transfer assistance

- Independent
- 1-person pivot
- 2-person
- Other _____

OTHER

Explain _____

FORM COMPLETED BY:

Form completed by: _____ Signature of participant: _____

