

# **HEAD INJURY COMMUNITY SERVICES RECREATION PROGRAM**

MEMBER APPLICATION

Date of Intake:

Staff:

Thank you for expressing your interest in the Recreation Program. Please complete this application and mail or fax it back to us. Our address and fax number are at the bottom of this page. Recreation Staff will contact you or your caseworker to schedule an intake meeting, where we can discuss the program and your application. If any of these questions are confusing, just skip them and we will talk about them together.

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Case Worker or Guardian (if applicable): \_\_\_\_\_ Phone # \_\_\_\_\_

## **1. What is your living situation?**

- Alone in my own apartment     In a residence, with staff     With my family

## **2. Which one of these statements fits you best? (Please put a checkmark next to it.)**

- I can walk with absolutely no assistance.  
 I can walk with a walker, a cane or crutches.  
 I use a wheelchair with someone else's assistance.  
 I use a wheelchair with no assistance. Is it electric or manual? \_\_\_\_\_

## **3. Are you able to use your arms and hands? Yes, both of them    Just my right    Just my left**

## **4. Do you use an assistive device? Please put a checkmark next to each one that you use.**

- Braces/splints (What type? \_\_\_\_\_ )  
 Glasses/contact lenses  
 Hearing devices  
 Communication aids (What type? \_\_\_\_\_ )  
 Memory/organization aid (What type? \_\_\_\_\_ )  
 Eating equipment (What type? \_\_\_\_\_ )  
 Toileting devices (What type? \_\_\_\_\_ )  
 None

## **5. Can you do activities that last most of the day, without needing a nap or feeling sick? Yes    No**

## **6. Does someone help you with toileting (going to the bathroom)? Always    Sometimes    Never**

## **7. Does someone help you get dressed or undressed? Always    Sometimes    Never**

## **8. How much help do you need with eating?**

- I cannot eat without someone's help.  
 I sometimes need someone's help carrying a tray or cutting up food.  
 I do not need any help eating.

## **9. How much help do you need to take your medications (if you take medication)?**

- Someone else keeps track of when I need to take my medications and how much I need to take.  
 I sometimes need someone to remind me to take my medications.  
 I know when to take my medications, and I do not need any help.

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Head Injury Community Services is funded by The Brain Injury and Statewide Specialized Community Services Department of the Massachusetts Rehabilitation Commission and is administered by Neuro-Rehab Management, Inc.

**10. How do you buy items in your community?**

- I manage my bank account, and when I need something, I go out alone and buy it.
- Someone helps me manage my bank account. When I need something, they give me the money I need, and I go out alone and buy it.
- Someone else manages my bank account and goes with me to buy the things I need.
- Someone else buys the things I need.

**11. Would you be able to schedule an appointment with us, using the telephone?**

- Yes     Yes, but only with help     No

**12. Are you trying to decrease any behaviors?**

- No
- Yes (Please explain.) \_\_\_\_\_
- How can we help you decrease this behavior? \_\_\_\_\_

**13. Are you able to express your opinion in a group, even if other people disagree with you?**

- Yes     Sometimes     No

**14. Do you have a hard time telling someone that you need help?**     Yes     Sometimes     No

**15. How do you respond when someone tells you that you are wrong?** \_\_\_\_\_

\_\_\_\_\_

**16. What do you do when you become frustrated? For example, do you yell, walk away, kick or hit things around you?** \_\_\_\_\_

\_\_\_\_\_

**17. Would you be able to use public transportation?**     Yes, all alone     With help, I would     No

**18. When you go outside of your house, do you go**

- All alone
- With someone else, always
- With someone else, if you are unfamiliar with the area

**19. What would you do if you got lost?** \_\_\_\_\_

**20. What do you do for fun or relaxation?** \_\_\_\_\_

\_\_\_\_\_

**21. Do you use alcohol or other drugs?**     Never     Once a week     Once a month     Almost daily

**22. What activities did you do before your injury?** \_\_\_\_\_

\_\_\_\_\_

**23. What recreational activities do you dislike?** \_\_\_\_\_

\_\_\_\_\_

**24. What do you want to gain from being a part of the Rec Program?** \_\_\_\_\_

\_\_\_\_\_