WAVE
Widening Adult Vital Experiences, Inc.

PROGRAM APPLICATION

Please Check the WAVE Programs You Wish to Apply For: ☐ Life Skills Day Program ☐ Choral Program

Client Information

Full Name: _____ Date: _____

     Last   *First*   *M.I.*

Address: _____

     Street Address   *Apartment/Unit #*

_____

     City   *State*   *ZIP Code*

Phone: _____ Email _____

Sex _____ Race.: _____ Date of Birth: _____

Name of
Parent/Guardian or
Caregiver _____

Address: _____

     Street Address   *Apartment/Unit #*

_____

     City   *State*   *ZIP Code*

Phone: _____ Email _____

Are you a citizen of the United States? YES ☐ NO ☐

Is the client eligible for the Medicaid Waiver Program? YES ☐ NO ☐

Is the client employed? YES ☐ NO ☐ If yes, where? _____

Name of Support Coordinator _____

Support Coordinator Phone _____

Support Coordinator Email _____

Education

Name of Last
School
Attended _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

WAVE | PO Box 14383 | Tallahassee, FL 32317

Emergency and Medical Information

Person to Contact in Event of Emergency _____

Phone Number _____

Additional Emergency Contact and Phone Number _____

Developmental Disability Diagnosis

_____

Physical and Mental Health Diagnosis

_____

Medications _____

Allergies _____

Dietary Restrictions _____

Seizures?

YES	NO
☐	☐

Please describe any behaviors WAVE staff and volunteers should be aware of (pinching, anxiety, sound and light sensitivity, etc)

_____

Please describe any physical limitations that we should be aware of _____

What is the client's favorite activities, hobbies, etc.? _____

What would he/she like to learn more about? _____

What type of activities can we develop for the client that will improve function in the home and the community? _____

Financial Responsibility

Please complete the information below for the party responsible for the applicant's tuition and fees.

Full Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in the client's release from the WAVE program. I also understand that any photos or videos taken at all WAVE programs and functions may include the applicant and can be used for promotional and educational material distribution.

Signature: _____ Date: _____