Participant Application

CONFIDENTIAL PARTICIPANT INFORMATION

Please complete this form before the participant's first I.D.E.A. Workshop class, workshop or event. Information is used to support safe, welcoming and individualized participation.

PARTICIPANT INFORMATION

Participant legal name

_____

Date of birth / Age

_____

Preferred name / nickname

_____

Pronouns (optional)

_____

Street address

_____

City, state and ZIP

_____

Participant phone (if applicable)

_____

Participant email

_____

PARENT, GUARDIAN OR PRIMARY CONTACT

Name

_____

Relationship

_____

Phone

_____

Email

_____

EMERGENCY CONTACT

Name

_____

Relationship

_____

Primary phone

_____

Alternate phone

_____

Program Interests & Goals

SELECT PROGRAMS AND IDENTIFY PARTICIPANT OUTCOMES

PROGRAM INTERESTS

- ■ Independent Living
- ■ Building & Making
- ■ Health, Social & Recreation
- ■ Technology & Accessibility
- ■ Community Outings / Events
- ■ Small Group Classes
- ■ Cooking & Kitchen Skills
- ■ Creative & Job Skills
- ■ All Abilities Pickleball
- ■ Music / Performance
- ■ Private / Individual Instruction
- ■ Special Workshops

Specific class, workshop or event requested (if known)

_____
_____
_____

GOALS & OUTCOMES

- ■ Independence / daily living
- ■ Following directions
- ■ Social interaction
- ■ Coordination / motor skills
- ■ Confidence / self-advocacy
- ■ Employment-related skills
- ■ Decision-making
- ■ Communication
- ■ Community participation
- ■ Safety awareness
- ■ Healthy living
- ■ Other

What would the participant like to learn, practice or accomplish?

_____
_____
_____
_____

Learning & Communication

HOW WE CAN BEST SUPPORT INSTRUCTION

LEARNING PREFERENCES

- ■ Visual demonstration
- ■ Verbal instruction
- ■ Tactile / hands-on cues
- ■ Written / picture steps
- ■ Repetition
- ■ One step at a time
- ■ Extra processing time
- ■ Model then practice
- ■ Other

Communication preferences, helpful prompts or processing needs

_____
_____
_____
_____

Interests, strengths and what motivates the participant

_____
_____
_____
_____

How should instructors provide correction or feedback?

_____
_____
_____
_____

Support & Accessibility

HELP US PLAN APPROPRIATE PARTICIPATION SUPPORTS

SUPPORT

■ Support staff / caregiver will attend ■ Sometimes ■ No support staff needed

Mobility, balance, vision, hearing, fine-motor or equipment considerations

_____
_____
_____
_____

Sensory sensitivities (noise, lighting, crowds, touch, smells, textures or other)

_____
_____
_____
_____

Does the participant need breaks? Describe timing and helpful strategies.

_____
_____
_____
_____

Emotional, Medical & Safety

INFORMATION RELEVANT TO SAFE PARTICIPATION

BEHAVIORAL & EMOTIONAL SUPPORT

Situations that may cause anxiety, frustration or dysregulation

_____
_____
_____

Warning signs instructors should recognize

_____
_____
_____

What helps the participant feel safe, calm and ready to rejoin?

_____
_____
_____

MEDICAL & SAFETY INFORMATION

Medical diagnoses or health conditions relevant to participation

_____
_____
_____

Allergies and required response

_____
_____

Medical & Safety - Continued

EMERGENCY INFORMATION

Emergency medications carried during class and who may administer them

_____
_____
_____

■ History of seizures: Yes ■ History of seizures: No

If yes: type, last occurrence, triggers, warning signs and response plan

_____
_____
_____
_____

Other safety information the I.D.E.A. Workshop team should know

_____
_____
_____
_____

Self-Direction, Billing & Enrollment

PAYMENT AND SERVICE INFORMATION

PAYMENT METHOD

■ Private pay ■ Self-Direction / FI direct billing ■ Other

Fiscal intermediary (FI)

_____

FI contact name

_____

FI phone

_____

FI email

_____

Support broker name

_____

Broker email / phone

_____

Care manager / coordinator (optional)

_____

Contact information

_____

SELF-DIRECTION / LIFE PLAN ALIGNMENT

Programs may support Self-Direction goals when appropriate and when aligned with the participant's Life Plan, approved budget and applicable FI requirements. Enrollment does not guarantee reimbursement or FI approval.

Relevant Life Plan goal(s) or desired outcome(s), if known

_____

_____

_____

How does this class/workshop support the participant's goal(s)?

_____

_____

_____

Enrollment Details & Consent

PLEASE REVIEW BEFORE SIGNING

CLASS / WORKSHOP REQUEST

Class / workshop / event name

_____

_____

Requested date / session

_____

_____

Location

_____

_____

Rate / fee

_____

_____

Participant frequency, if recurring

_____

_____

PARTICIPATION ACKNOWLEDGMENT

I understand that I.D.E.A. Workshop Inc. offers varied hands-on classes, workshops, recreation and community activities. Depending on the selected activity, participation may involve ordinary risks such as physical movement, cooking appliances, art or building materials, basic tools, sports equipment, community settings, food preparation or interaction with other participants. I have shared information relevant to safe participation. I agree to follow instructor and facility safety directions. I understand I.D.E.A. Workshop Inc. may recommend modifications, added support, a different class format, or medical clearance when reasonably needed for safety. This form does not replace medical advice.

■ I have read and agree to the participation acknowledgment.

PHOTO & VIDEO CHOICE

■ YES - I permit I.D.E.A. Workshop Inc. to use identifiable photos/video for its website, social media and program promotion.

■ NO - Please do not use identifiable photos/video of this participant.

Policies & Signature

FINAL ACKNOWLEDGMENTS

CANCELLATION & RESCHEDULING POLICY

Please provide at least 24 hours notice when canceling. When space, staffing and program scheduling allow, an eligible makeup class may be offered. Makeup classes are not guaranteed and must be scheduled in advance. Repeated missed classes without notice may result in loss of a reserved recurring time. Facility closures or instructor cancellations will be rescheduled or credited when applicable.

■ I have read and agree to the cancellation and rescheduling policy.

SIGNATURE

Printed name of participant or parent / guardian

_____

Relationship

_____

Electronic or handwritten signature

_____

Date

_____

Submit the completed form using the secure method provided by I.D.E.A. Workshop Inc. Please do not email sensitive medical information unless instructed to use a secure email or portal.