

# Compassionate Heart Ministries Information Form

For Office Use Only

Meeting Date: \_\_\_\_\_

Meeting Time: \_\_\_\_\_

## INFORMATION

Son or Daughters Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ethnicity:  White  Black/African American  Hispanic  Asian  Pacific Islander  American Indian/Alaskan Native  Multi-Racial

Gender:  F  M

School & location (if applicable): \_\_\_\_\_ Employer (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Type of disability or disabilities: \_\_\_\_\_

Food and/or drug allergies? And if so, to what? \_\_\_\_\_

## Family Information

Parents or Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Phone Number(s) ~ (Numbers we can reach you at when your son or daughter is here at CHM) \_\_\_\_\_

Additional Information that we should know about your son or daughter

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## Emergency Contact Information

*The emergency contact must be someone other than the parent/guardian:*

\_\_\_\_\_  
Name Relationship Phone/Cell

## Health Information

Do you currently have health insurance?  Yes  No

If yes, please complete the following information: \_\_\_\_\_

Primary/Secondary Insurance Company: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Does your insurance company require pre-authorization for medical treatment?  Yes  No

## Group Home

Name of Group Home: \_\_\_\_\_

Address of Home: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact Person Phone: \_\_\_\_\_

This is the primary mailing address



# Compassionate Heart Ministries Pre-Interview Questionnaire

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Thank you for your interest in participating in the Compassionate Heart Ministries Program. Our program is created to foster friendships between volunteers and young people with mild to moderate disabilities. Your answers to the following statements will help us as we consider your request to join our program.

- |   |     |    |
|---|-----|----|
| 1. Will your son or daughter need medication during program hours?  | Yes | No |
| 2. Does your son or daughter need bathroom assistance, regular prompts to use the bathroom and/or have accidents? | Yes | No |
| 3. Has your son or daughter ever been tried and/or convicted of a felony?   | Yes | No |

**STOP. If you answered yes to questions 1, 2, or 3 your applicant does not qualify for our program.**

- |  |     |    |
|--|-----|----|
| 4. Does your son or daughter have seizures?                                    | Yes | No |
| 5. Has your son or daughter ever been suspended/expelled from a school system? | Yes | No |

If you answered yes, Explain:

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- |   |     |    |
|---|-----|----|
| 6. Can your son or daughter communicate their needs to volunteers and staff?            | Yes | No |
| 7. Has your son or daughter had any history of sexual offense?                          | Yes | No |
| 8. Has your son or daughter had any history of abuse?                                   | Yes | No |
| 9. Will your son or daughter need extra reminders to prepare for change/new activities? | Yes | No |
| 10. Can your son or daughter receive and accept verbal instruction?                     | Yes | No |
| 11. Will your son or daughter need extra reminders to give others personal space?       | Yes | No |
| 12. Does your son or daughter have any sensory issues? (ie: light, loud noises, etc.)   | Yes | No |

If yes, please describe: \_\_\_\_\_

13. What setting is your son or daughter most comfortable in? (circle one)

“ Solitude      “ Small Group      “ Large Group      “ Any Setting

14. What type of classroom setting is your son or daughter in (if applicable): \_\_\_\_\_

15. The following is a sampling of activities that take place at Compassionate Heart Ministries. Please check all activities that your son or daughter would enjoy and participate in:

- |  |   |                                     |
|--|---|-------------------------------------|
| “ Worship                                  | “ Card/Board Games                            | “ Video Games                       |
| “ Watch Movies                             | “ Baking                                      | “ Sports (basketball, soccer, etc.) |
| “ Water Activities                         | “ Crafts                                      | “ Service Projects                  |
| “ Outdoor Activities (going to park, etc.) | “ Participate in leading devotions or worship |                                     |

How would you best describe your son or daughter’s personality (i.e. happy, social, loving): \_\_\_\_\_

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Likes/Favorite Activities: \_\_\_\_\_

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## Compassionate Heart Ministries Pre-Interview Questionnaire continued...

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Dislikes/Fears: \_\_\_\_\_

\_\_\_\_\_

Behaviors that are “unique” to your son or daughter and important for us to know (i.e., Mary will want to turn lights off and on):

\_\_\_\_\_

What kinds of things can frustrate or upset your son or daughter:

\_\_\_\_\_

How does your son or daughter behave/react when frustrated or upset:

\_\_\_\_\_

If your son or daughter is upset, what types of things do you do to help calm him/her down:

\_\_\_\_\_

\_\_\_\_\_

Please list any health concerns that Compassionate Heart Ministries should be aware of:

\_\_\_\_\_

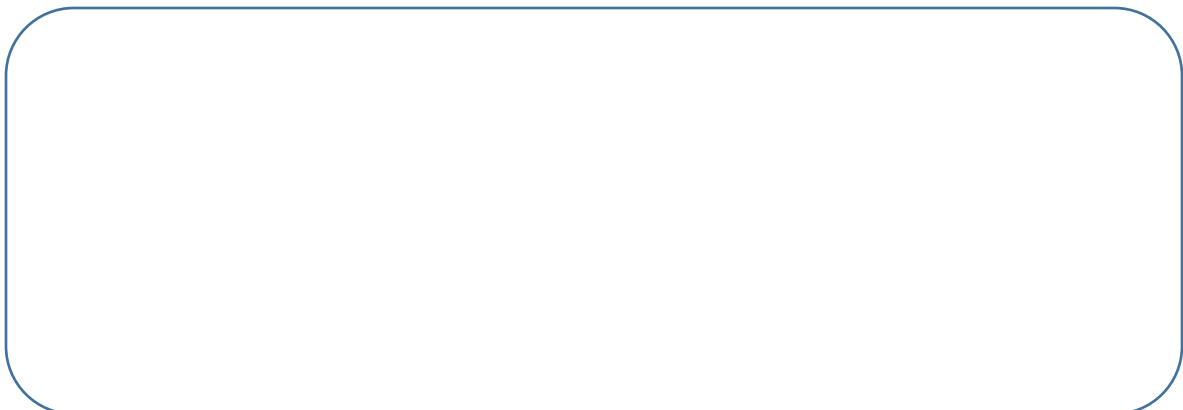
\_\_\_\_\_

Please list any other information that Compassionate Heart Ministries should know about your son or daughter:

\_\_\_\_\_

\_\_\_\_\_

**Do not write in the space below, for Interviewers notes.**



Does your son or daughter have a history of:

Behavior:	Y/N	Triggers:	Explain:
Hitting:			
Scratching:			
Pulling Hair:			
Biting:			
Foul Language:			
Screaming:			
Spinning:			
Picking skin:			
Running/walking in laps:			
Antagonistic:			
Property Destruction:			
Perseverative Speech:			