

Mission Statement:

"We Care Arts believes in the healing power of creating and producing art that transforms physical, developmental and mental challenges into a future rich with possibilities"



Thanks you for your interest in We Care Arts (WCA). WCA is a program that helps people change their disabilities into possibilities through art.

Each applicant needs to be referred by a professional, such as a doctor, therapist, pastor, social worker, occupational/physical therapist, rehab counselor, or case manager. The referral source shall complete, sign and date the form. The referral source is also required to send us an appropriate release of information form at the time of the referral. Please include the release of information with the application.

Once the completed form is sent in, the applicant should call WCA to schedule a tour and an interview. In the interview, we will discuss the program and what the applicant would like to accomplish at WCA.

We Care Arts - 3035 Wilmington Pike - Kettering, Ohio 45429

Phone: 937-252-3937 - Fax: 937-252-5379

www.wecarearts.org

PARTICIPANT APPLICATION



Name: _____ SS#: _____

Address: _____
_____ Phone: _____
_____ Email: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Please check all that apply:

American Indian/ Alaskan _____ Asian _____ African American/Black _____ Hispanic/Latino _____

Native Hawaiian/ Pacific Islander _____ Appalachian _____ White/ Caucasian _____ Other _____

Medical Diagnosis: _____

DSM IV (mental status): _____

Insurance provider/ HMO _____

Do you currently have seizures or have you ever had seizures: Yes No

If yes, please explain: _____

What do you find most helpful when you are in a stressful situation? _____

Known Allergies: _____

Name of Doctor: _____ Phone: _____

Hospital Preference: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to Applicant: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to Applicant: _____

Are there any other agencies that you have received services from within the last year? If so, where?

1. _____
2. _____
3. _____

Are you currently receiving these services? : Yes No

The individual is able to: (If no, please comment)

Comments

- | | | | |
|---|------------------------------|-----------------------------|-------|
| 1. Eat independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2. Toilet independently without reminders or assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3. Behave in such a way as to not cause injury to self or others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4. Behave in such a way as to not cause damage to his/her own property or the possessions of others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5. Display appropriate social interaction skills (i.e. taking turns, participates in group, is free from disturbing utterances, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6. Follow basic rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7. Adequately maintain personal hygiene | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8. Take on going prescriptions without reminders or assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 9. Follow sterile procedures, administer correct dosage, and completes injection of prescribed medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 10. Get to and from the facility | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 11. Understand the content of ordinary spoken conversations in his/her primary language | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 12. Communicate adequately with others to make their own needs known | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 13. Free from substance abuse/history of substance abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

WCA COMMENTS

Living Arrangement:

- Independent
- With Family:
- Group Home/Residential
- Other (explain): _____

What goals would you like to achieve at We Care Arts:

- Job Skills: _____
- Art Skills: _____
- Life Skills: _____
- Socialization Skills: _____

Want would you like to do at We Care Arts? _____

Have you ever been charged or convicted of a crime? ____ If yes, please explain:

Notice: W.C.A. reserves the right to conduct a criminal background check on all applicants.

Best communication strengths:

- Auditory
- Kinesthetically (sensory touch)
- Visually
- Verbally

Choice of location:

- Berkeley Center - Kettering
- Tipp City
- Fairborn
- Xenia

Agency: _____

Completed by: _____

Title: _____

Address: _____

Phone number: _____

Date completed: _____

W.C.A. Staff signature: _____

Date: _____