

# Intake Form

*Caring for Those with Special Needs*



These questions allow us to provide the best experience and safest environment for all of our friends within the ministry. Our church leaders and ministry volunteers will respect your family's right to privacy. Any information shared is communicated directly with those caring for your family member and only on a "need to know" basis. If you have any questions, please contact **Megan Hopkins** at 912-536-7920 for more information.

Child's Name: _____	DOB: _____
Age: _____	Diagnosis: _____

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_ Live at home? Y N

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Phone \_\_\_\_\_ Live at home? Y N

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Siblings? Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

.....  
My child loves to \_\_\_\_\_

Enjoys music?  Yes  No Enjoys arts & crafts?  Yes  No Outside play?  Yes  No

Writing?  Yes  No Reading?  Yes  No

Allergies/Food Sensitivities: Yes  No  If yes, please explain \_\_\_\_\_

Life Threatening?  Yes  No EPI Pen?  Yes  No

Food/drinks to avoid \_\_\_\_\_

Assistance needed for eating/drinking?  Yes  No

Prone to Seizures:  Yes  No Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Toileting Needs:  Independent  With Assistance  Wears Diapers

Signs, gestures, words to Indicate toileting needs \_\_\_\_\_

Medication:  Yes  No Type and purpose: \_\_\_\_\_

Main mode(s) of communication:  Verbal  Visual Supports  Sign Language  Digital Devices

My child is independent with \_\_\_\_\_

My child needs assistance with \_\_\_\_\_

My child is uncomfortable with or has sensitivities to \_\_\_\_\_

Behavior concerns to be aware of \_\_\_\_\_

Trigger-points for frustration/resistance \_\_\_\_\_

Calming tools and aids \_\_\_\_\_

Behaviors that may communicate a specific need (please indicate the need where appropriate)

\_\_\_\_\_

Classroom situations you wish to be contacted about \_\_\_\_\_

\_\_\_\_\_

Please describe your child's understanding of and relationship with God \_\_\_\_\_

\_\_\_\_\_

Goals for your child at church \_\_\_\_\_

\_\_\_\_\_

Ideas for the church to better serve your family \_\_\_\_\_

\_\_\_\_\_

Additional thoughts or comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PITTMAN PARK**  
United Methodist Church

For more information, visit [joniandfriends.org/church](http://joniandfriends.org/church)