



True Friends-True Strides
 10509 108th St. NW
 Annandale, MN 55302
 952-852-0101 - Fax 952-852-0123
 Email: info@truestrides.org
 Website: www.truefriends.org

FOR OFFICE USE ONLY: Application Rec'd. _____
 Deposit Rec'd. _____
 By _____
 _____ WC SLW 1 2 3 4 5 6 7 8
 P H SO Fb S D G O R C B RS H M L

Application must be filled in completely.

Please do not hesitate to include additional information which you feel may be helpful in the care of this individual. Thank you!

Rider Personal Information:

Name: _____
 Last Legal First Name (Nickname) Middle Initial

Address: _____
 Street City State Zip

Telephone: _____

Email: _____

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

Contact Information:

Check type of living situation: Residential Facility Private Home Other Please list _____
 If applicant lives outside of private home, what is the staff/client ratio? 1:1 1:2 1:3 1:4 1:5 or more

Legal Guardian name

Legal name: _____ Relationship to applicant: _____

Cell phone: _____ Home Phone: _____ Work: _____

Email: _____

Guardian address: _____
 Street City State Zip

Social Worker name:

Name: _____ Relationship to applicant: _____

Cell phone: _____ Home Phone: _____ Work: _____

Email: _____

Guardian address: _____
 Street City State Zip

Confirmation of service should be mailed to: (check one) parent guardian facility participant other: _____

Applicant Name: Date of Birth:

Contact Information Continued From Previous Page:

Emergency Contact Information #1:

Legal name: Relationship to applicant:
Cell phone: Home Phone: Work:
Email:
Guardian address:
Street City State Zip

Emergency Contact Information #2:

Legal name: Relationship to applicant:
Cell phone: Home Phone: Work:
Email:
Guardian address:
Street City State Zip

RELEASE SIGNATURES:

Attendance Release: I hereby give my permission for the applicant named above, to participate in True Friends (TF) sponsored and supervised programs. **I certify that the information on the application is true, accurate and complete.** TF emphasizes safety first; however participation in TF programs has inherent risks that may result in injury. I acknowledge and accept this fact and agree to hold harmless TF, its employees, and agents.

Emergency Release: I hereby give permission to the non-medical staff selected by TF to provide routine health care, administer prescribed and comfort/first aid medications, and if needed, seek emergency medical treatment including x-rays, routine tests and treatment for applicant named above. **In the event that I cannot be reached in an emergency,** I hereby give permission to the physician selected by TF to secure and administer treatment including hospitalization, injections, anesthesia or surgery, for the applicant named above. I give permission to obtain copies of treatment and health records from any provider and I agree to release information and records necessary for treatment. TF cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

(REQUIRED) Signature of parent, legal guardian, applicant if own guardian, or authorized person Date signed

We are unable to obtain signatures at this time. A copy of this section has been sent to the appropriate individual for signatures and will be mailed to True Friends one month prior to applicant's arrival.

Applicant Name: Date of Birth:

Name of Person Completing Application: Date Application completed:

DISABILITY/OTHER CONDITIONS: Check one: with disability/other condition without disability/other condition
Please check all boxes that apply. Conditions in bold print * require an additional questionnaire which our office will send you.

Supervision or Support need is: High Medium Low Allergies to
 Asperger Syndrome Reaction: Hives Difficult breathing
 Autism, type: Anaphylaxis Other

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
 Alzheimer's or other Dementia (Beginning stages)
 Blind/Vision impaired: Wears glasses Uses cane
 Cerebral Palsy
 Deaf/hearing impaired: wears hearing aid(s)
 Uses sign language (needs a staff proficient in sign language)
 Developmental/Cognitive or Intellectual Disability
 Down Syndrome
 Oppositional Defiant Disorder
 Pervasive Developmental Disorder
 Prader-Willi Syndrome
 Rett Syndrome
 Tourette Syndrome
 Traumatic Brain Injury
 Williams Syndrome

Arthritis
 Asthma
 *Catheter: intermittent in-dwelling
 colostomy or ileo appliances
 *Diabetes,
 insulin dependent
 *Feeding Tube:
 *Epilepsy/Seizures, type & frequency:

Further explanation for any condition or other disorder, explain:

Special Appliances/Ambulation – PLEASE PROVIDE NEEDED EQUIPMENT

Wheelchair? Yes No long distances only Manual Electric Stroller
Slow Walker? Yes No
Assistance in walking? Yes No support from another person cane walker crutches
Assistance in transferring? Yes No
What type of transfer is used? Mechanical Lift Only: Yes No
Require **range of motion** exercises? Yes No If yes, please attach a copy of exercises.
Does applicant wear/use? Orthotics----- left right Prosthesis----- left right Braces/night braces
Further Instructions:

Bathroom Use

Assistance in bathroom? Independent Needs reminders Needs assistance Total assistance
Use of incontinent product? Yes No
Further Instructions:

Communication

Able to communicate wants/needs? Yes No
 Verbal Uses a communication device Sign Language Non-verbally/gestures
Type of communication devise:
Understand/respond to questions? Yes No Needs extra time to process information Yes No
Has difficulty understanding the communication of others Yes No
Has difficulty expressing thoughts Yes No
Able to read? Yes No Able to write? Yes No Can individual communicate pain? Yes No
Further Instructions:

Applicant Name: Date of Birth:

Challenging Behavior - Check that apply: (provide as much information as possible – use another paper as needed)

- Verbally challenging Temper tantrums Stubbornness Wanders unintentionally due to distractions
 Withdrawn/shy Physically challenging toward objects
 Displays unusual behaviors toward male staff Displays unusual behaviors toward female staff

Other, describe:

Ever been away from home before? Yes No

Do you anticipate any concerns with this applicant going into the community Yes No

If yes please explain (refusing to wear a seat belt, difficulties riding in a vehicle, difficulty waiting, wandering, inappropriate interaction with strangers, etc):

If any of the following apply you are required to explain prevention/intervention:

- Self-injurious*** **Lies / Steals*** **Removes clothing at inappropriate times or locations**
 Physically challenging toward others* **Wanders or runs away intentionally*** **Bites***
 Swears* **Has fears***
 Food-related behaviors* (stealing, temper tantrums, eating inedible objects, manipulation)

Does this applicant ever require physical intervention? Yes No

Please explain what type of physical intervention is used, for what purpose and how frequently this type of intervention is used:

If there is any physical intervention that is contraindicated medically? Yes No

Explain:

Prior True Friends Experience:

Has the applicant ever attended True Friends services? Yes No No, but I'd like more information about:

Respite Summer Resident/Day Camp Winter Resident Camp Adventure Trip Weekend Focus

Check site(s) attended:

Camp Friendship Camp Eden Wood Camp New Hope Camp Courage Courage North

How did you hear about True Strides?

social worker teacher friend/family Arc DSAM AUSM other support organization:

internet search/which site:

Attends school? Yes No

Where: Type of Class:

Employed? Yes No Where:

What do they do at their job?

Please list any additional information regarding applicant, which may be helpful to staff (likes/dislikes):

Applicant Name: Date of Birth:

**Fee Agreement (4 lessons are \$720) Hippotherapy
Fee Agreement (4 lessons \$240) Therapeutic Riding**

I / We will pay cost of \$

Fee will be paid by:
Amount Name of Payee address city state zip

I will contribute \$ to the "Donor Fund" to help another person attend a True Friends program.

Method of Payment

Cash
 Check (Check#)

Photos and Funds

Publicity Release: True Friends uses photographs, images or recordings of applicants for publication in brochures, email, website and various other media to promote services or to recruit volunteers and staff. The applicant named above **MAY be included** in these promotional materials unless you contact Registration.

Seeking Funds: True Friends uses riders name to seek funds from donors for Financial Assistance. This applicant's first name and last initial **WILL be included** in seeking funds unless you contact Registration.

I/We verify that the information on this application is true and accurate.

Signature of rider/guardian

Date