

2026 Annual Information Form



Step 1 Participant Information

Please indicate phone type; cell (C), home (H), or work (W).

Gender: Male Female **Birthdate:** ___-___-___ **Age:** ___
Name: _____ **Ethnicity:** _____
Email: _____ **Phone 1:** ___-___-___ **Type:** _____
Address: _____ **Phone 2:** ___-___-___ **Type:** _____
City: _____ **Zip:** _____ **State:** _____ **T-Shirt Size:** _____
Primary Diagnosis: _____ **If Down Syndrome, result of the Atlanto-Axial Instability Test:**
Secondary Diagnosis: _____ Positive Negative
Group Home Participants: **Case Manager:** _____
Email: _____ **Phone:** ___-___-___
Group Home Contact: _____ **Phone:** ___-___-___

Step 2 Parent/Guardian Contact Information

Is participant their own guardian? Yes No

#1 Name: _____ **Relationship:** _____
Address: _____ **Phone:** ___-___-___ **Type:** _____
City: _____ **State:** _____ **Email:** _____
#2 Name: _____ **Relationship:** _____
Address: _____ **Phone:** ___-___-___ **Type:** _____
City: _____ **State:** _____ **Email:** _____

Step 3 Emergency Contact Information

Emergency contacts should be someone other than a parent or guardian.

#1 Name: _____ **Relationship:** _____
Email: _____ **Phone:** ___-___-___
#2 Name: _____ **Relationship:** _____
Email: _____ **Phone:** ___-___-___

Step 4 Medication

Attach additional information if needed.

Medication Name	Dosage	Time	Purpose/Reaction

Does participant have a seizure disorder? Yes No Date of last seizure: ___-___-___ *If yes, please complete Seizure Information Form

Step 5 Allergies

Attach additional information if needed.

Does participant have allergies? Yes No

Allergy	Reaction	Additional Comments

Step 6 Dietary Restrictions

All Programs are Alcohol-free

Does participant have dietary restrictions? Yes No If yes, please list _____
 Does participant have a G-Tube? Yes No
 Food Preferences _____
 Additional Information _____

Step 7 Mobility

- Can participant walk independently? Yes No
- Does participant use a wheelchair? Yes No If yes, does participant Transfer independently Transfer with assistance
- Uses orthotic equipment (walker, cane, brace, etc.)? Yes No If yes, please list _____
- Requires a vehicle lift? Yes No
- Requires assistance during transportation? Yes No

Step 8 Communication

- Verbal Independent Communication
- Limited Verbal Assisted/Facilitated Communication
- Non-Verbal Participant preferred language: _____
- Family preferred language: _____
- Uses Sign Language
- Needs Sign Language Interpreter
- Uses Communication System (talker, iPad, etc) _____

Step 9 Behavior

- Best way to transition _____
- Best way to calm/redirect _____
- Best way to engage _____
- Behaviors exhibited when upset/frustrated _____
- Behavior triggers _____
- Preferred activities _____
- Does participant have a behavior plan? Yes No *If yes, please provide a behavior plan.

Step 10 Sensory

- Is participant sensitive to items such as noise, heat, environment, etc? Yes No
- Explain _____
- Does participant seek sensory input? Yes No
- Explain _____
- Does participant require visual cues? Yes No
- Explain _____

Step 12 Life Skills

- Requires assistance eating _____
- Requires assistance in bathroom _____
- Requires bathroom schedule _____
- Requires assistance dressing _____
- Can participant read? Yes No
- Can participant write? Yes No
- Other assistance needed:
- _____
- _____
- _____
- _____

Step 11 Safety

- Can participant say name? Yes No
- Can participant say phone number? Yes No
- Does participant wander/run from group? Yes No
- Is participant responsible for belongings? Yes No
- Can participant manage money? Yes No
- Can participant recognize danger? Yes No
- Does participant swim? Yes No
- Requires 1:1 assistance in water? Yes No
- Explain _____
- Who is authorized to pick up participant?
- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Step 13 Additional Information

Please share any additional information that will be helpful in working with the participant. Attach additional information if needed.

I grant photo permission for participant's picture to be taken and used in NEDSRA publications. Yes No

Participant is independent and does not require supervision at conclusion of program/drop-off. Yes No

Guardian Signature: _____ Date: _____ Print Name: _____