



## Family/Participant Membership Form 2019-2020

Allows Participant to attend monthly social events free of charge; receive a reduced rate for the bowling league, baseball league, life skills workshops, and other programs; and receive the monthly newsletters. Annual membership runs July 1-June 30. Any member who signs up on or after April 1st is included in next year.

**\*\*\*This form is three (3) pages, please complete ALL pages\*\*\***

### GENERAL INFORMATION

Date (month/day/year): \_\_\_/\_\_\_/\_\_\_ SWFL Seasonal Address Dates: \_\_\_/\_\_\_/\_\_\_ -to- \_\_\_/\_\_\_/\_\_\_

Participant Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

SWFL Seasonal Address (if applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mailing Address (for Newsletter if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you on Social Media?  No / Yes  Facebook  Twitter  Instagram  Other: \_\_\_\_\_

How did you first hear about STARAbility? \_\_\_\_\_

How long have you been a member at STARAbility? \_\_\_\_\_

### MEDICAL INFORMATION

Allergies (Food & Other): \_\_\_\_\_

Medications: \_\_\_\_\_

Diabetic:  Yes  No Seizures:  Yes  No Type of Seizure: \_\_\_\_\_ Date of Last Seizure: \_\_\_/\_\_\_/\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT

I, \_\_\_\_\_, hereby give consent to any medical facility and/or physician to administer necessary treatment to my child/member, \_\_\_\_\_, in the event I cannot be contacted. I give consent to transport by ambulance if the situation warrants.

Parent/Guardian Signature: \_\_\_\_\_ Date (month/day/year): \_\_\_/\_\_\_/\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

# Participant Member Survey 2019-2020

The following information is being requested for planning purposes and for collecting aggregate data for grants.  
Individual participant members will not be identified and their information will not be shared by STARability with any third party.

Participant Name: \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  2XL  3XL  \_\_\_\_\_

## Participant Information:

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Race/Ethnicity:  African American  Asian/Pacific Islander  Hispanic/Latino  White  Other

Registered with APD (Agency for Persons with Disability)?  Yes  No

Receive funding through Florida's Medicaid Program (Med Waiver)?  Yes  No

If yes, Med Waiver Support Coordinator Name: \_\_\_\_\_

Receive Social Security Disability Income (SSDI)?  Yes  No

## Diagnosis:

Autism Spectrum Disorder

Fragile X Syndrome

TBD

Cerebral Palsy

Intellectual Disability

Other (please specify)

Down Syndrome

Spina Bifida

**Behavioral Concerns:** Explain any behavioral concerns and impact on functioning (including any triggers and best method of resolution).

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**Communication Skills:** This person communicates via...

ASL

Facial

Gestures

Picture Board

Speech

Vocal Sounds

**Language:** Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**Community Access:** Does this person use a wheelchair in the community?  Yes  No

Does this person use the bus system?  Yes  No ( if yes,  C.A.T. - or -  ParaTransit )

**Volunteer:** Is this person currently volunteering?  Yes  No Number of hours volunteered per week: \_\_\_\_\_

Place(s) this person volunteers: \_\_\_\_\_

**Employment:** Is this person currently employed?  Yes  No Number of hours worked per week: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Is this person looking for employment?  Yes  No

Experience/Skills: \_\_\_\_\_

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**Interests/Activities:**

Does this person attend a Day Program?  Yes  No (if yes, name of day program: \_\_\_\_\_ )

Please check which STARability programs/activities this person is interested in participating in during this year.

- Art Classes                       Computer Skills Classes                       Social Events                       Jr. Trailblazer Academy
- Baseball                               Life Skills Classes                               Tai Chi                               Trailblazer Academy
- Basketball                               Next Chapter Book Club                               Yoga
- Bowling                               Photography Workshops                               Zumba

Other activities you would like to see STARability provide: \_\_\_\_\_

Do you participate in Special Olympics?  Yes  No

Would you like this person to be placed on the wait list for Trailblazer Academy?  Yes  No

**Housing:** Who does this person live with?

- Family                       ICF Facility                       On their own
- Group Home                       Nonrelative/Caregiver                       Other: \_\_\_\_\_

• Does this person have any current or future housing needs?  Yes  No

Please describe: \_\_\_\_\_

• Have you made plans for long-term housing for your dependent?  Yes  No

• Would you be interested in a long-term housing solution in Collier County, if one were provided?  Yes  No

• When considering a long-term housing option, please rank the following factors from 1-5 with 1 being the most important.

- \_\_\_\_ Cost                              \_\_\_\_ Living Independently                              \_\_\_\_ Group Home
- \_\_\_\_ Apartment Style                              \_\_\_\_ Access to Services and Amenities                              \_\_\_\_ Other: \_\_\_\_\_

**PHOTO RELEASE**

We strive to help educate people on what we do and to bring public awareness to our organization. Occasionally the news/media writes stories about STARability. Photos are frequently posted on our website and social media, and in our brochures and newsletters.

Do you give STARability permission to post First Name  Yes  No and Photo  Yes  No

**STARability Foundation  
ANNUAL MEMBERSHIP FEE**

- \$65.00 for families with 1 participant                       \$85.00 for families with 2 participants

I/We also wish to make a contribution to the Angel Fund for \$ \_\_\_\_\_

STARability aims to keep our programs affordable and available to anyone who needs them. We don't turn away anyone for the inability to pay. Our Angel Fund helps subsidize membership and program fees for members who need financial assistance.

Make checks payable to: **STARability Foundation**                      Check enclosed for: \$ \_\_\_\_\_