



GROUP HOMES OF FORSYTH, INC.

8064 North Point Blvd. Suite 201

Winston-Salem, NC 27106-3235

Adult Daily Living Skills Classroom

This class will offer training in independent living skills in the classroom setting five days a week at 8064 North Point Blvd. Suite 201 in Winston-Salem. The program is designed to encourage adult students to learn community life skills that promote and enhance personal, independent growth. The class will participate in outings that are educational and enjoyable.

Classroom Rules

1. Students will not engage or aid in disruptive and disorderly conduct.
2. Students will not intentionally cause damage to or destruction of Group Homes of Forsyth, Inc. property or that of the facilitator, teacher, or other students.
3. Students will not intentionally cause or assault or verbally abuse employees of Group Homes of Forsyth, Inc. or others on Group Homes of Forsyth, Inc. property.
4. It is unlawful for anyone to possess any weapons and dangerous instrumentalities on Group Homes of Forsyth, Inc. property.
5. Students will not possess narcotics, alcoholic beverages, and controlled substances on property of Group Homes of Forsyth, Inc.
6. Students will comply with all directions of Group Homes of Forsyth, Inc. employees, administrators, or authorized personnel during any time when the student is under the authority of Group Homes of Forsyth, Inc.
7. Student will not be in violation of academic dishonesty, cheating, forgery, and related offences.
8. Students will not violate any state or federal laws while on the property of Group Homes of Forsyth, Inc. or while attending activities or functions.
9. Students may dress informally; cleanliness and neatness of appearance must be maintained. Shirts and shoes are required at all times.
10. It will be grounds for dismissal if and when it will be medically determined that a student poses a threat to the physical well-being of himself or others or if such student has a physical, mental, or

emotional condition of such a nature as to disturb or disrupt the normal and usual activities of other persons in class.

11. Children are not allowed in the classroom or other areas during class sessions, nor can they be left unattended at any Group Homes of Forsyth, Inc. outing or activity.

Students may be suspended or dismissed for behavior deemed incompatible with the classroom rules.

Student's Rights

Group Homes of Forsyth, Inc. recognizes the right of an enrolled student to receive a full opportunity to learn and develop in this educational program.

All the rights and privileges guaranteed to every citizen by the constitution of the United States and by the State of North Carolina will not be denied any student. Group Homes of Forsyth, Inc. will adhere to all of the statutes of the United States and the State of North Carolina.

Student performance will be evaluated solely on an academic basis.

The Family Educational Rights and Privacy Act of 1974 (FERPA) provide safeguards regarding the confidentiality of records.

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Classroom Application for Group Homes of Forsyth, Inc.

Name: _____ Date: _____ DOB: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____ Other phone numbers: _____

Social Security Number: _____

Medicaid Number: _____ Medicare Number: _____

Insurance Information: _____

What is your current living arrangement? _____

What are your interests/hobbies? _____

Explain what special assistance you need: _____

Do you have transportation? Yes No

Areas of Assistance Needed:

- | | |
|---|---|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Current Events (Newspaper, Magazines) |
| <input type="checkbox"/> Good Health Habits | <input type="checkbox"/> Grocery Shopping (Comparison Shopping) |
| <input type="checkbox"/> Government/Voting | <input type="checkbox"/> Home Safety Skills |
| <input type="checkbox"/> Home Maintenance | <input type="checkbox"/> Menu Planning/Nutrition |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Money Management (paying bills/checking account) |
| <input type="checkbox"/> Basic Telephone Skills | <input type="checkbox"/> Recreation and Leisure Activities |
| <input type="checkbox"/> Social Activities/Skills | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Simple Math | <input type="checkbox"/> Other – Explain: _____ |

The Supportive Choices Program of Group Homes of Forsyth, Inc. is intended to promote the independence and inclusion of people with disabilities in our community. In order to ensure that you receive the appropriate supports, we ask that you provide us with the following information:

<u>Often</u>	<u>Sometimes</u>	<u>Never</u>	
_____	_____	_____	Nervous behavior to the degree that it negatively affects your ability to properly communicate or interact with other people.
_____	_____	_____	Shy or withdrawn behavior to the degree that it negatively affects your ability to properly communicate or interact with other people.
_____	_____	_____	Lying.
_____	_____	_____	Refusal to follow instructions.
_____	_____	_____	Difficulty following instructions.
_____	_____	_____	Fighting.
_____	_____	_____	Temper tantrums.
_____	_____	_____	Overly possessive behavior to the degree that it negatively affects your ability to properly communicate or interact with other people.
_____	_____	_____	Public display of unacceptable social behaviors.
_____	_____	_____	Running away or wandering off at unexpected or inappropriate times in a manner that keeps you from remaining on task in a job or activity.
_____	_____	_____	Destroying of property.
_____	_____	_____	Aggressiveness.
_____	_____	_____	Biting.
_____	_____	_____	Hitting,
_____	_____	_____	Kicking.
_____	_____	_____	Self-injury.
_____	_____	_____	Eating disorder.
_____	_____	_____	Choking.
_____	_____	_____	Setting fires.
_____	_____	_____	Strong fears, phobias.
_____	_____	_____	Stealing.
_____	_____	_____	Cursing in public or other inappropriate times.
_____	_____	_____	Spitting in public or other inappropriate times.
_____	_____	_____	Short attention span.
_____	_____	_____	Other unusual or inappropriate behaviors, please describe: _____

Signature (Applicant, legal guardian or responsible person)

Date

Disability Verification Form

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I, _____, certify that _____, has the following diagnosis/disability.

Primary diagnosis:

DD _____

MI _____

MR _____

Physical _____

Secondary diagnosis:

DD _____

MI _____

MR _____

Physical _____

Other medical conditions _____

Signature (of individual who can verify disability)

Date

Title

Name of Agency

Address

City, State, Zip Code

Phone

Your signature serves as the verification of disability. We reserve the right to require additional documentation supporting named diagnosis/disability.

Consent of Release of Confidential Information

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I, _____, do authorize the disclosure (verbal or written) about _____, among staff working on behalf of Group Homes of Forsyth, Inc. from other sources. This information may include developmental, educational, residential, social, vocational, psychological, psychiatric, medical, behavioral, criminal, financial, or other relevant information.

I understand that use or release of information is limited to purposes directly connected with the implementation of services and continuity of care. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all services provided for me through Group Homes of Forsyth, Inc.

Applicant Signature

Date

Legal guardian, witness or authorized representative signature

Date

Release of Confidential Information Without Consent of Client

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The staff of Group Homes of Forsyth, Inc. may authorize the release of confidential information to an organization, agency, or individual engaged in audit, evaluation, research, or educational awareness only for the purposes directly related to the administration of the program. Before authorizing such a release, Group Homes of Forsyth, Inc. staff will inform the recipient that:

- The information must be used only for the purposes for which it is being provided;
- The information must be released only to persons officially connected with the audit, evaluation, research, or educational awareness;
- The information must be managed in a manner to safeguard confidentiality; and
- The final product must not reveal any personal identifying information without the informed written consent of the applicant.

Group Homes of Forsyth, Inc. may share confidential information on a need-to-know basis with its volunteers or trainees, who will be bound by Group Homes of Forsyth, Inc. policy concerning confidentiality in same manner as employees.

Confidential information may be released without consent in the following situations:

- 1) In order to protect the applicant or others when the applicant poses a threat to his or her safety or the safety of others;
- 2) If required by Federal, State, or Local law;
- 3) In response to investigations in connection with law enforcement, fraud, abuse, or other matters;
- 4) In response to judicial order.

Signature of Applicant or Legal Guardian
(If adjudicated incompetent)

Date

GROUP HOMES OF FORSYTH, INC.

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Ph: (336) 831-1300

Fax: (336) 831-1314

EMERGENCY DATA

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____(home); _____(work)

IN CASE OF EMERGENCY CONTACT:

1. _____

(Name)

(Phone #'s)

(Relationship)

2. _____

(Name)

(Phone #'s)

(Relationship)

List any allergies you may have or medications which may cause an allergic reaction:

List any prescribed or over-the-counter medications you use on a regular basis:

<u>Name of Medication</u>	<u>Dosage</u>	<u>How Often?</u>	<u>Reason Used</u>

Will you need to take medication during class time? Yes No

Can you administer your own medications? Yes No

Signed by Signature of Applicant or Legal Guardian: _____

Date: _____