



# GECKO's Application

Social Skills Program for Young Adults  
Year Round Program with a Modified Summer Events Schedule

Applicant Information			
Child's Name	Last:	DOB:	
	First:	Preferred Name:	
Address	Street: City, State, Zip code: County:		
Medicaid Service Coordinator	Name: Agency: Telephone:		
Self Directed Plan	Do you participate in a self directed plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact Information	
Parent Names: Guardian Name: Address:  Telephone # Home: Telephone # Cell: Telephone # Work: E-mail address:	Alternate Emergency Contact Name: Relationship to Applicant: Address:  Telephone # Home: Telephone # Cell: Telephone # Work: Email address:

Medical Information	
Physician	
Physician Telephone	
Hospital Preference	
Dentist Name/Telephone	

Emergency Medical Treatment	<input type="checkbox"/> I consent to have G&E Therapies contact my child's Physician/Dentist and call 911 in the event of a life threatening emergency. The listed emergency contact will be called in all other events first.
Diagnosis/Classification	
Current medications	
Allergies (including food)	
Toileting Abilities	
Walking and Stair Abilities	

<b>School Information</b>	
School District	
Therapy services	<input type="checkbox"/> Resource Room <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Other:
Aide at school	<input type="checkbox"/> 1:1 <input type="checkbox"/> Shared <input type="checkbox"/> Program Aide
Current Grade	

<b>Education/Employment</b>	
Program:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
College Courses:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Employer:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time

<b>Behavior</b>	
Interests/Hobbies	
Dislikes	
Triggers	
Calming Strategies/ Interventions	
Flight risk	<input type="checkbox"/> No <input type="checkbox"/> Yes Explain:
T-Shirt Size	Child Size : <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL      Adult Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL
Transportation	<input type="checkbox"/> I am able to provide consistent transportation to/from GECKO's on a regular basis
Social Media	<input type="checkbox"/> I authorize G&E Therapies to take <b>photographs and/or videotapes</b> for Social Media Platform posts

