



Ivey Ranch Park Association

Adult Day Program (ADP) New Participant Questionnaire

Ivey Ranch Park Association
110 Rancho Del Oro Dr.,
Oceanside, CA 92057
760-722-4839

Participant's Name: _____ **DOB:** _____ **Age:** _____

Parent/Authorized Representative's Name: _____

Phone: _____ **Email:** _____

SDRC Service Coordinator's Name: _____

Phone: _____ **Email:** _____

Participant can be in a group setting with a 1:4 staffing ratio both on-site and out in the community.

___ Yes ___ No

Will the participant need to take medications during program hours (on-site): ___ Yes ___ No

List of medications: _____

Please note: A medication permission form is required for each medication taken during program hours. The medication permission must be filled out by a licensed physician. Participants must be able to self-administer their own medications. Please review the attached document for further information on self-administering medications, the guidelines for self-administration of medications, and what medications are allowed on-site.

Communication Considerations:

Verbal: ___ Yes ___ No

Uses non-verbal signs or cues and/or picture board ___ Yes ___ No

Communication Device: ___ Yes ___ No

Does participant need help with activities of daily living (ADLs)? ___ Yes ___ No

Diapers or Pull-up ___ Yes ___ No

Toilet with assistance ___ Yes ___ No

Uses toilet independently ___ Yes ___ No

Needs assistance while eating ___ Yes ___ No

Eats independently ___ Yes ___ No

Uses a wheelchair ___ Yes ___ No

Uses a wheelchair occasionally ___ Yes ___ No

Uses walking equipment ___ Yes ___ No

Walks independently ___ Yes ___ No

Please list known behaviors: (i.e. hitting, kicking, pinching etc.)

Does the participant have a history of aggressive behaviors? ☐ Yes ☐ No

Explain: _____

Participants with a history of aggression, violent, or self-injurious behaviors are subject to further review. The program cannot accept participants who currently display these behaviors at the discretion of the Program Manager and the intake evaluation.

General Information:

Program Hours:

Monday through Friday: 10am-3pm

(Drop-off is from 9:50-10:15am and pick-up id from 2:45-3:10pm)

- Every participant will begin with a two-week trial period.
- If a participant is conserved, a copy of the conservatorship will need to be submitted when the enrollment packet is completed and returned.
- Our program goes on 2-3 community outings per week. These outings can include 1-2.5 miles of walking. Participants who are non-ambulatory will be required to wait for a non-ambulatory space to become available.
- Ivey Ranch Park is a nut free care program.
- Adult Day Program staff members will verbally relay a participant's status with parents/authorized representatives on a regular and on-going basis. This is an adult program; we do not offer daily written logs.
- Participants should leave their electronics at home. Communication devices are allowed. If a participant brings in an electronic device that is not a communication device then we will make sure it stays in his/her backpack until pick-up.
- Please review the Authorized Representatives Responsibilities sheet attached.
- For participants who will be taking medications on-site, please review the Assisting with Self-Administered Medications information packet for further information.
- Participants will be added to the waitlist once the questionnaire is completed and returned, and the participant has toured the program with his/her authorized representative.

For additional information please reach out to our Care Programs Manager:

Christina Paad

Email: christina@iveyranch.com

Phone: (619) 922-0919

Please Indicate Desired Days for Enrollment:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Participant's Signature: _____

Parent/Authorized Representative's Name: _____

Parent/Authorized Representative's Signature: _____

Date: _____