



Special Needs Application Form

The Special Needs Ministry at DC Church aims to provide a safe, fun, and life-changing environment for children and students with disabilities, while sharing the amazing news of Jesus Christ. All information shared on this form will be kept secure and confidential within the Champion's Club Team Members.

Family Information: (Please complete one form per child with special needs)

Child/ Student's Name: _____ Birthdate: _____ Age: _____ M / F

Child/ Student lives with: Both parents _____ Mother _____ Father _____ Other _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Father's Name: _____ Cell: _____

Address (if different than above): _____

Mother's Name: _____ Cell: _____

Address (if different than above): _____

Child/Student's primary physician and phone number: _____

Child/Student's **primary diagnosis** and/or **health concerns and all medications** we should be made aware of:

Child/ Student's current grade in school: _____

Does your child have a current support plan at school (IEP or 504)? Yes / No If yes, are you willing to share information about the plan that may help us support your child/student in the ministry?

Please list any siblings who will be attending children's ministry or youth activities:

1. _____ Birthdate _____ Ministry Grade _____
2. _____ Birthdate _____ Ministry Grade _____
3. _____ Birthdate _____ Ministry Grade _____
4. _____ Birthdate _____ Ministry Grade _____

Emergency Contacts:

IN CASE OF EMERGENCY, THE FOLLOWING PERSONS MAY BE CALLED AND ARE AUTHORIZED TO PICK UP MY CHILD: (At least one contact required)

1. Name: _____ Cell: _____
Home #: _____ Relationship _____
2. Name: _____ Cell: _____
Home #: _____ Relationship _____

Care Needs:

VISION: Typical _____ Impaired _____ , Please specify impairment _____

HEARING: Typical _____ Impaired _____ Deaf _____ Hearing Aid _____

MOTOR: Head Control _____ Rolls over _____ Sits _____ Crawls _____ Walks _____

USES: Walker _____ Crutches _____ Braces _____ Wheelchair _____

Please describe any special positioning or other needs your child/student may have:

Language spoken at home: _____

Communicates Using: Words _____ Sign Language _____ Vocal Cues _____ Gestures _____
Device _____ Pictures _____

My child lets someone know what he or she needs by:

Other (Please describe):

TOILETING SKILLS: Independent _____ Needs Assistance (Please specify below)

Diapers _____ Toilet Training _____ Other _____

Frequency Schedule: _____

How does your child communicate toileting needs: _____

ALLERGIES: (Food, Drug, Other) _____

BEHAVIOR: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Is sometimes destructive |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sometimes threatens others |
| <input type="checkbox"/> Plays alone | <input type="checkbox"/> Sometimes hits, bites, hurts self/others |
| <input type="checkbox"/> Plays with others | <input type="checkbox"/> Sometimes attempts to run away |
| <input type="checkbox"/> Adapts to new situations well | <input type="checkbox"/> Hyperactive and/or ADD |
| <input type="checkbox"/> Adapts to new situations with difficulty | <input type="checkbox"/> Self Injurious behavior |
| <input type="checkbox"/> Responds to corrections well | <input type="checkbox"/> Screams/ Yells |
| <input type="checkbox"/> Responds to corrections with difficulty | <input type="checkbox"/> Touches others Inappropriately |
| <input type="checkbox"/> Can follow directions | <input type="checkbox"/> Transitions well |
| <input type="checkbox"/> Does not follow directions | <input type="checkbox"/> Has difficulty with transitions |

What calms your child/ student when he or she is upset?

Which of the following does your child/ student use:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Visual schedule | <input type="checkbox"/> Headphones | <input type="checkbox"/> Timers |
| <input type="checkbox"/> Weighted Vest | <input type="checkbox"/> Choices | <input type="checkbox"/> I Pad |
| <input type="checkbox"/> Fidgets | <input type="checkbox"/> Others (specify) _____ | |

ADDITIONAL QUESTIONS:

How does your child/ student react to being separated from a caregiver (mother/ father)?

How does your child/ student react when he/ she is anxious?

How does your child/ student react when he/ she is frustrated?

What does your child/ student dislike?

My child/ student is best comforted by:

What type of play activities does your child/ student like to participate in?

Additional information that will help us in caring for your child/ student:

PERMISSION/ AUTHORIZATION AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL IN THE DESIGNATED SPACE INDICATING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE PROVISIONS.

_____ I have fully disclosed to DC Church all pertinent information about my child's special needs and accept fully responsibility for failure to do so.

_____ I will supply all needs for my child (Required communication devices, food, drinks, snacks, toileting needs).

_____ I understand that DC Church volunteers are not allowed to feed my child through any medical devices (feeding tubes).

_____ I understand that depending on my child's age/ medical condition, I may be called in to assist in toileting/ diaper changing.

I have read and initialed the above permission/ authorization statements and agree to the terms designated in each:

Signed: _____ Date: _____

Printed Name: _____

If you have any questions, please contact kcahoon@godeepecreek.com or (757) 487-2182

There are several ways to return this form:

- * Drop it off to room 12 on Sunday morning
- * Mail it to DC Church Attn: Kelly Cahoon 250 Mill Creek Pkwy Chesapeake Va, 23323 or drop it off Monday - Thursday 9 am - 4 pm