



United Partners - Pflugerville
 501(c)3 Non-profit for adults with disabilities
 P. O. Box 864
 Pflugerville, TX 78691
unitedpartnerspf@gmail.com
www.unitedpartnerspf.org
 (512) 791-2292

Partner's Name: _____
 ___M___F Partner's Age: _____ Birth Date: ___/___/___
 Mailing Address: _____ City and Zip: _____
 Partner's Residential Address: _____ City and Zip: _____
 Phone: _____ Home _____ Cell _____

Parent/Guardian

Parent Name: _____
 Work Phone: _____ Cell Phone: _____ Home: _____
 Email Address: _____

Parent Name:

Work Phone: _____ Cell Phone: _____ Home: _____
 Email Address: _____

Guardian Name:

Work Phone: _____ Cell Phone: _____ Home: _____
 Email Address: _____

Guardian authorized to pick up Partner? (Please initial) Yes _____ No _____

Emergency and Non Custodial Release Contacts (list in order of priority)

Name	Cell Phone	Work Phone	Relationship to Partner	Auth. to pick up?



Medical Care Information

- 1. Primary/secondary diagnosis: _____
- 2. Does the Partner have a history of seizures? Y N Type: _____
Date of last seizure: _____
Please describe procedure for your Partner: (i.e., call 911, Call Parents) _____
- 3. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? Please specify: _____
- 4. Does Partner require prescription medication during program hours? (yes/no, specify below) _____
- 5. Over the counter medication safe to give? (Tylenol, Ibuprofen) _____
- 6. Is he/she prone to choke? _____

Behavioral History/Special Instructions

Please describe applicant's communication abilities:

Please list likes/dislikes, behavior support plan, etc...

Please describe applicant's self-help skills: _____

Is the applicant prone to lash out and hit others? Yes No

If yes, please explain: _____

Does the applicant have any negative or hurtful behaviors our staff should be aware of?

Yes No **If yes, please explain below and complete Enrollment Agreement addendum.** _____

Has the applicant been asked to leave another program due to negative behaviors in the past year?

Yes No

If yes, please explain: _____



Employment History – Please list the last three employment positions:

Business Name: _____ Position: _____
Still employed? Yes/No If no longer employed, reason for leaving: _____

Business Name: _____ Position: _____
Still employed? Yes/No If no longer employed, reason for leaving: _____

Has the applicant been arrested in the past year? ____ Yes ____ No
If yes, please explain: _____

Please list 3 things you would like to see your Partner improve on with participation in United Partners - Pflugerville programs:

1. _____
2. _____
3. _____

Has the Partner participated in any of the following:

- | | |
|------------------------------------|------------------------------|
| _____ Day School | _____ Competitive Employment |
| _____ Sheltered Workshop | _____ State School |
| _____ Group/Family Care Home | _____ Private School |
| _____ Independent Living Situation | _____ Other, (Explain) |

Please list type of participation (listed above) and reason for leaving: _____

If there is any further information you feel should be provided which is a factor and could influence the care, health and well being of the Partner? If so, please explain: _____



Our sessions will be Monday through Thursday from 9:00 a.m. – 3:00 p.m. The fee is \$40.00 per day, paid monthly on the 1st of the month. Initial _____
If scholarship assistance is requested, please email for more information. **Please consider making a donation to our Scholarship Fund as you are able!**

The information in this application is true and accurate. Falsification of information on this application will result in denial of admission to our programs.

Print Name: _____ Signature: _____

Relationship to Applicant: _____ Date: _____

Media/Transportation Release

Your signature below authorizes the following:

I grant permission for visitors to meet and/or observe my Partner. I grant permission to use the Partner's photograph, video and/or voice recording. I grant all right, title, and interest in any and all photographic images and video or audio recordings made by United Partners - Pflugerville staff and volunteers, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings. I understand that photos, videos, and/or voice recordings may be used on our social media pages, website and for fundraising purposes.

I also understand and give permission for United Partners - Pflugerville to transport the Partner named in this Application to, from, and during any UP-Pf event.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*If the applicant cannot legally sign, the parent or guardian signature is sufficient.

******Please mail completed form, along with \$15.00 application fee to: United Partners - Pflugerville, P. O. Box 864, Pflugerville, Texas 78691.******