



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 diagnosis: _____
- 2. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? Please specify:

- 3. Does Partner require prescription medication during program hours? (yes/no, specify below)

- 4. Over the counter medication safe to give? (Tylenol, Ibuprofen)

- 5. 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: _____

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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 Wednesday and Thursday from 9:00 a.m. – 3:00 p.m. The fee will be \$35.00 per day, paid monthly on the 1st of the month. 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 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.******