

**Meet the Staff**

Grady Howell was born and raised in Mesquite, Texas and currently lives in Plano. He graduated from Ouachita Baptist University with a Bachelor’s degree in Christian Studies. After graduating, Grady moved to Granbury to work for North Central Texas Academy where he was a house parent to at-risk Junior High boys. After working there for a year, he decided to move closer to home. In July of 2013 he began to work at Buckner International as the Humanitarian Aid Coordinator for the Shoes for Orphan Souls ministry. Here he was able to coordinate volunteers, shipping schedules, and work to help orphans receive a brand new pair of shoes.

Grady is married to Kelsey Howell who has been at My Possibilities since 2013. When Grady heard about the opportunity to serve at My Possibilities in the Respite home, he began to think about what the future would hold for them. Grady accepted the job knowing the responsibility he would have in molding and growing each who would come visit. Here he will be working with HIPsters on independent living, social skills, and the importance of advocating for themselves. Grady is excited about the future and being a part of the My Possibilities family.

**My Possibilities Respite Home Application**

**Please check which weekend you are applying for:**

|  |  |
| --- | --- |
| **Male Weekends**   * **January 20-23** * **February 17-20** * **March 10-13** * **April 21-24** * **May 5-8** * **June 9-12** * **June 23-26** * **July 7-10** * **July 28-31** * **August 18-21** * **September 8-11** * **October 20-23** * **November 10-13** * **December 1-4** | **Female Weekends**   * **January 27-30** * **February 24-27** * **March 17-20** * **March 31-April 3** * **June 2-5** * **July 14-17** * **August 4-7** * **August 25-28** * **September 15-18** * **October 27-30** * **November 17-20** * **December 8-11** |

**Please email the completed application and related documents to respite@mptx.org or drop the documents off at the front desk of My Possibilities.**

**CLIENT INFORMATION**

*Please print legibly*

Date:

Person filling out application:

Self Parent/Caregiver/Guardian Staff  Other (describe)

Client Legal Full Name:

(First) (Middle) (Last)

Preferred Name: \_\_\_\_\_ \_

Address:

City: ST: Zip:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Cell Phone:

Email:

Sex:  Male  Female DOB: Age (as of application date):

Social Security #: TX ID/Driver’s License#:

Marital Status:  Single  Married Widow Other: \_\_\_\_\_\_\_\_\_\_

Ethnicity: Caucasian  African American Hispanic Asian Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability/Diagnosis:**

**PARENT/CAREGIVER/GUARDIAN INFORMATION – please fill out completely**

1. Parent/Caregiver/Guardian Name:

Relation:  Parent (Mother/Father)  Caregiver  Guardian  Sibling  Other

Address:

City: ST: ZIP:

Employer:

Home Phone: Cell Phone:

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

(Please list email address that we can send program updates and reminders. This address will be used as a primary source of communication)

1. Parent/Caregiver/Guardian Name:

Relation:  Parent (Mother/Father)  Caregiver  Guardian  Sibling  Other

Address:

City: ST: ZIP:

Employer:

Home Phone: Cell Phone:

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

(Please list email address that we can send program updates and reminders. This address will be used as a primary source of communication)

**EMERGENCY CONTACT**

The emergency contact should be a person other than the above stated parent/caregiver/guardian(s). This contact can be that of an additional relative, neighbor or friend who can be contacted in the event that the primary parent/caregiver/guardian(s) are unable to be reached.

**REQUIRED:**

Name: Relationship to client:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:

Work Phone:

**REQUIRED:**

Name: Relationship to client:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:

Work Phone:

**WEEKEND** **MEDICAL INFORMATION**

*Please print legibly*

Client’s Primary Care Physician:

(First) (Last)

Address:

(City) (ZIP)

Phone: Fax:

Does he/she take any medications? If so, what kind(s) of medications and what are the administration times? (*If you need additional space, please use a separate sheet of paper.)*

1. RX Name: Dosage: Time:

Reason for Medication:

2. RX Name: Dosage: Time:

Reason for Medication:

3. RX Name: Dosage: Time:

Reason for Medication:

4. RX Name: Dosage: Time:

Reason for Medication:

Has allergies:  yes  no

If yes, describe and include reactions such as hives, rash etc:

Uses adaptive devices such as hearing aides, wheel chair, walkers and augmentive devices:  yes  no

If yes, describe the device and care and storage/charging requirements:

**\*\*We prefer you provide 5 days’ worth of medication(s) in the original marked prescription bottle(s) with clear instructions. A written waiver signed by the parent/caregiver is required for staff to oversee the self-administration of medication. See waiver for details\*\***

**AUTHORIZATION FOR PHOTO/MEDIA RELEASE**

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), Parent/Legal Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name). □ CONSENT / □ DO NOT CONSENT that My Possibilities has permission to take and use the above stated HIPster’s photographs, digital images and video images for official My Possibilities purposes, such as, but not limited to media press releases, brochures, posters, flyers, newsletters, internet publication, etc.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual’s Regular Weekend Schedule**

**Please explain what a regular Friday night schedule looks like for your HIPster.**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activity** | **Persons Involved** |
| **6:30pm** |  |  |
| **7:00pm** |  |  |
| **7:30pm** |  |  |
| **8:00pm** |  |  |
| **8:30pm** |  |  |
| **9:00pm** |  |  |
| **9:30pm** |  |  |
| **10:00pm** |  |  |
| **10:30pm** |  |  |
| **11:00pm** |  |  |

1. What time does HIPster go to bed Friday nights?
2. What time does HIPster wake up Saturday mornings? Describe a typical breakfast?
3. Describe what a typical Saturday. (Example: activities, nap time, TV shows, snacks, church etc)
4. What time does HIPster go to bed on Saturdays? Are there any nighttime routines?
5. What time does HIPster wake up Sunday mornings? Describe a typical breakfast?
6. Describe a typical Sunday(. Example: activities, nap time, TV shows, snacks, church etc)
7. What time does HIPster go to bed on Sundays? Are there any nighttime routines?

**Monday Morning Schedule**

**Please explain what a regular Monday morning schedule looks like for your HIPster .**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activity** | **Persons Involved** |
| **6:00am** |  |  |
| **6:30am** |  |  |
| **7:00am** |  |  |
| **7:30am** |  |  |
| **8:00am** |  |  |
| **8:30am** |  |  |
| **9:00am** |  |  |

**Religious Affiliations**

Church/denominational preference:

Frequency of attendance:

Other religious interests/activities:

Would you like your child to attend church on Saturday or Sunday?

**Swimming Requirements**

Has your HIPster had any swimming lessons?

Describe the skills attained ?

Can your HIPster go under the water?

When your HIPster goes swimming what does he usually do?

What part of the pool is your child comfortable in?   **Shallow** **Deep**

**I give consent to allow my HIPster to participate in swimming activities at the Residential Training Home One:**

**Yes** **No**

Does your HIPster attend My Possibilities on Fridays? Morning, Afternoon or both?

Does your HIPster attend My Possibilities on Mondays? Morning, Afternoon or both?

**Personal Care**

|  |  |
| --- | --- |
| Bathing | Personal Hygiene |
| Indicate assistance with bathing  Independent  Verbal prompting  Full assistance  Indicate assistance with towel drying  Independent  Verbal prompting  Full assistance  Approximate bathing time: \_\_\_\_\_\_\_  Prefers:  Shower  Bath  Uses adaptive equipment:  Yes  No  Describe equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If applicable describe assistance (Examples water temperature, getting in and out of shower/tub, washing back, lifting arms etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Washing hair:  Independent  Verbal prompting  Full assistance  If applicable describe assistance (Examples water temperature, rinsing hair, using correct amount of product etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Indicate assistance needed:  Applying deodorant:  Independent  Verbal prompting  Full assistance  Combing hair:  Independent  Verbal prompting  Full assistance  Brushing hair  Independent  Verbal prompting  Full assistance  Shaving face (males):  Independent  Verbal prompting  Full assistance  Changing pads or tampons (females only)  Independent  Verbal prompting  Full assistance  Check one:  pads  tampons  Brushing teeth:  Independent  Verbal prompting  Full assistance  Flossing teeth (if applicable);  Independent  Verbal prompting  Full assistance  If applicable describe assistance (Examples water temperature, lifting arms etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Toileting | Dressing |
| Indicate assistance needed with urinating  Independent  Verbal prompting  Full assistance  Indicate assistance needed with bowel movement  Independent  Verbal prompting  Full assistance  Indicate assistance needed with washing hands:  Independent  Verbal prompting  Full assistance  Describe assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Wears diaper: yes  no | Indicate assistance needed with dressing:  Independent  Verbal prompting  Full assistance  Indicate assistance needed with undressing  Independent  Verbal prompting  Full assistance  Describe support (Example choosing clothes, help with underwear, socks, shoes, pants, buttoning, identifying front/back etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sleeping**

Person sleeps through the night?  yes  no

Sleep patterns:

Door open  Door closed \*\*\*\*\*\*\*  Light on  Light off \*\*\*\*\*\* Music on  Music off

There are specific routines to follow:  yes  no

If yes, describe:

Describe any unusual sleep habits (sleep walking, talking, night terrors etc.):

If necessary describe strategies to help the person fall asleep or return to bed/sleep:

**Mealtime**

Favorite foods:

Foods to avoid:

How does the person indicate they are hungry?

Dietary restrictions:  yes  no

If yes, describe:

Food allergies:  yes  no

If yes, describe and include reactions such as hives, rash etc:

**We will be providing your HIPsters lunch for Monday at My Possibilities, so please describe in detail what is included in your HIPsters lunch for the day?**

**Program Payment Details & Agreement**

**My Possibilities: Residential Training House (Friday at 6:00pm – Monday at 8:00am) –** The MP Residential Training Home program promotes training in social skills, independent living skills & pre-vocational skills training skills in order to better equip our s with the skills necessary to live independently, obtain gainful employment and become productive and integrated members of our community.

**Private Pay Cost HCS / CLASS /General Revenue/Other**

For the weekend: Provider will pay for hours logged

**Additional Food & Activities costs may apply**

For the weekend: $450

**Payment Requirements:**

My Possibilities strives to keep all cost to our clients as low as feasibly possible. My Possibilities will also conscientiously pay its vendors, local, state and federal agencies, employees, and staff in a prompt and timely manner. In order to do this My Possibilities requires all payments to be made in full and at the beginning of the month. Non-payment may result in removal from the program.

Payment Provided by:

Self, Parent or Guardian

HCS/CLASS/TXHML/Other

Provider Name:

Case Manager:

Phone Number:

Other (please explain):

**Individual(s) Responsible for Payment:**

I understand and agree to the payment terms as stated above.

Signature: Date: