



Residential Training Home for Adults with Special needs

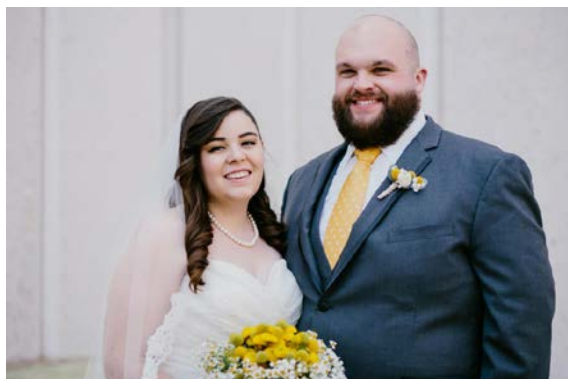
7920 Aaron Circle
Plano, TX 75025



MY POSSIBILITIES

LEARN LIVE GROW

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	Female Weekends
<input type="checkbox"/> January 26-29	<input type="checkbox"/> January 12-15
<input type="checkbox"/> February 16-19	<input type="checkbox"/> February 9-12
<input type="checkbox"/> March 16-19	<input type="checkbox"/> February 23-26
<input type="checkbox"/> May 4-7	<input type="checkbox"/> March 9-12
<input type="checkbox"/> June 22-25	<input type="checkbox"/> March 23-26
<input type="checkbox"/> July 27-30	<input type="checkbox"/> May 18-21
<input type="checkbox"/> August 10-13	<input type="checkbox"/> June 1-4
<input type="checkbox"/> September 14-17	<input type="checkbox"/> July 20-23
<input type="checkbox"/> October 19-22	<input type="checkbox"/> August 3-6
<input type="checkbox"/> November 9-12	<input type="checkbox"/> September 7-10
<input type="checkbox"/> December 7-10	<input type="checkbox"/> September 21-24
	<input type="checkbox"/> October 26-29
	<input type="checkbox"/> November 2-5
	<input type="checkbox"/> November 30-December 3
	<input type="checkbox"/> December 14-17

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)

2. 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
<p>Indicate assistance with bathing <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Indicate assistance with towel drying <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Approximate bathing time: _____</p> <p>Prefers: <input type="checkbox"/> Shower <input type="checkbox"/> Bath</p> <p>Uses adaptive equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe equipment: _____</p> <p>_____</p> <p>If applicable describe assistance (Examples water temperature, getting in and out of shower/tub, washing back, lifting arms etc.) _____</p> <p>_____</p> <p>Washing hair:</p>	<p>Indicate assistance needed:</p> <p>Applying deodorant: <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Combing hair: <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Brushing hair <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Shaving face (males): <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Changing pads or tampons (females only) <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p> <p>Check one: <input type="checkbox"/> pads <input type="checkbox"/> tampons</p> <p>Brushing teeth: <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance</p>

<input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance If applicable describe assistance (Examples water temperature, rinsing hair, using correct amount of product etc.) _____ _____ _____	Flossing teeth (if applicable); <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance If applicable describe assistance (Examples water temperature, lifting arms etc.) _____ _____ _____
Toileting	Dressing
Indicate assistance needed with urinating <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance Indicate assistance needed with bowel movement <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance Indicate assistance needed with washing hands: <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance Describe assistance: _____ _____ Wears diaper: <input type="checkbox"/> yes <input type="checkbox"/> no	Indicate assistance needed with dressing: <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> Full assistance Indicate assistance needed with undressing <input type="checkbox"/> Independent <input type="checkbox"/> Verbal prompting <input type="checkbox"/> 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

For the weekend: \$450

HCS / CLASS /General Revenue/Other

For the weekend: Provider will pay for hours logged

Additional Food & Activities costs may apply

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: _____