



Adair County SB40 Developmental Disability Board L.I.F.E. Youth Program Application

Please complete and return to the Adair County SB40 Community Learning Center no later than **May 5, 2024**. Space is limited and completion of this application does not guarantee admission into the L.I.F.E. Youth Program.

Individual's Full Name: _____
Last First Nickname

Parent/Guardian's Name: _____
Last First

Address: _____
Street Address Apartment/Unit # City State Zip County

Day Phone(s): (____) _____ Cell Phone(s): (____) _____ Work Phone(s): (____) _____

Email Address: _____

Birth Date: _____ Grade Level 2024-2025 Year: _____ School: _____

Name of person completing this form: _____

Please list all disabilities, serious illness, or limitations: _____

Allergies: _____

Are there any dates that the student would NOT be able to attend? Yes No

If yes, please list date(s) including, camps, vacations, etc.: _____

The following information will help in supporting your student while at the L.I.F.E. Youth Program:

Does the student use a wheelchair? Yes No Is the wheelchair - Manual Electric

If the student uses a wheelchair, how often do they need a break from their chair? _____

If the student uses a wheelchair, what type of support is needed to transfer? Walker Some physical Total physical

Does the student need assistance with walking? Yes No Cane(s) Walker Other _____

Does the student have hearing problems? Yes No Wears hearing aids? Yes No

Does the student have limitations with speech? Yes No Uses sign language? Yes No

Does the student use a communication device? Yes No Will it be used during the program? Yes No

Does the student follow directions well? Yes No Needs verbal prompts? Yes No

Does the student need help to use the restroom? Yes No Wears Attends during the day? Yes No

Does the student need support while eating? None Some Total Cutting up food? Yes No

Does the student wear glasses? Yes No Contacts? Yes No

