



**Opportunities, Inc.**  
**Continuing Education Adult Day Program**  
**Admission Application**  
**6101 N. State Line**  
**Texarkana, TX 75503**  
**903.791.2270 903.792.0816 fax**

The Opportunities, Inc. Continuing Education Adult Day Program accepts individuals who meet the following criteria:

- Age 18 years or older. If 18-21 years, must have a high school diploma or certificate of completion.
- Qualifying diagnosis by a physician of an intellectual or developmental disability.
- Ability to perform basic self-care needs, including:
  - Can feed themselves without physical prompting
  - Has independent toileting skills
  - Can take and manage medication with oversight
- No current or chronic history of addiction or serious mental illness.
- Ability to participate and learn in a small group setting.
- Ability to communicate wants, needs, and discomfort/illness.
- No recent history (within the past 12 months) of severe aggression toward self, others, or property, including self-injurious behaviors.
- No interfering behaviors requiring intensive, one-on-one intervention.
- Desire and willingness to participate in instruction and/or employment programs.

**Instructions:**

- Fill in the requested information.
- Attach additional pages, if needed.
- Mail, fax, or email the completed application to the center.
- Upon review of the application, the service coordinator will schedule a meeting to review the application, establish eligibility, and discuss the needed support level.

**PERSONAL INFORMATION**

Applicant Name:		
Address:		City:
State:	Zip:	County:
Phone:	Date of Birth:	Sex:
Primary Language:	Race:	Marital Status:
Email address:		
Living arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Parent <input type="checkbox"/> With Sibling <input type="checkbox"/> Other:		
Who is the applicant's legal guardian? <input type="checkbox"/> Self <input type="checkbox"/> Other:		

**PRIMARY CONTACT IN CASE OF EMERGENCY**

Name:		Relationship:
Address:		
City:	State:	Phone:
Secondary contact:		

**HEALTH HISTORY**

Primary Care Physician:
Preferred Hospital:
Allergies (food, medication):
Current prescriptions:
Is supervision or assistance required with medications? If yes, explain:



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List any major operations, chronic illnesses, and medical conditions:

Dietary requirements:

Regular diet

Low sodium

Diabetic

Other Explain:

**MEDICAL HISTORY**

**Identify** the qualifying intellectual or developmental disability diagnosis established by the results of a medical examination performed by the client's primary care provider or attending licensed physician:

**Cerebral Palsy**

**Spina Bifida**

**Down Syndrome**

**Epilepsy**

**Autism Spectrum Disorder** established by the results of evaluations performed by a least two (2) of the following three (3) licensed professionals either individually or as a team: physician, psychologist, and speech pathologist

**Other intellectual or developmental disability or similar condition:**

What assistance is required in the following areas?

Walking, standing Explain:

Toileting Explain:

Bathing Explain:

Eating Explain:

What additional special needs does the applicant have?

**DEVELOPMENTAL PROFILE**

Education (programs/schools attended):

Does applicant have a high school diploma or a certificate of completion? If yes, list name and location of school:

Work experience:

Strengths/attributes:



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Hobbies/interests:

Dislikes:

Goals for the future:

Can the applicant participate in a group with an 8:1 client-to-staff ratio?

Does the applicant have a recent history (last 12 months) of severe aggression toward self, others, or property, including self-injurious behaviors? If yes, describe:

**INSURANCE INFORMATION**

Medicaid number:

Texas Managed Care Organization:

Arkansas PASSE:

Medicare number:

Private pay

**FOR OPPORTUNITIES, INC. USE ONLY**

**Notes:**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of legal guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_