

THE TALL INSTITUTE

Thomas Adventures in Lifelong Learning

Formerly TECS Day Education Program

Barbara J. Thomas, Executive Director

7439 Montgomery Road, Suite #5

Cincinnati, Ohio 45236

513-731-7077

FAX 513-731-3077

Application/Enrollment Policy

The TALL Institute offers a daily focus on your ***EDUCATIONAL GOALS and LIFELONG LEARNING*** educational goals and lifelong learning. To that end, we consider each and every applicant's desire to attend our program with the understanding that each class day is a building block towards meeting specific, individualized educational goals.

Providing an educational/social setting that enables individuals to:

- ***make new friends,***
- ***develop healthy relationships,***
- ***demonstrate appropriate behavior necessary for success in all areas of life*** is dependent upon the willingness of individuals to follow rules, attend each scheduled class of the Session and participate fully in all academic, social and behavioral programs.

Applicants who are accepted into the TALL Institute will be given a trial period of one full Session (however, if an individual enrolls during the course of an already existing Session, he/she will be given an opportunity to establish the following Session as their trial period). Because of the educational nature of the program, it will be necessary to adhere to rules and regulations that will create a healthy learning environment for all attendees.

Because of this, in order to ensure the health and safety of all participants, teachers and staff, an individual's right to be enrolled in the TALL Institute may be terminated at any time if that individual prevents others from benefiting from this learning environment due to aggression towards himself/herself, others or the TALL Institute.

A decision as serious as termination will be made only after the Individual's Team has met, problem solved and made a determination that this would be the only viable alternative.

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Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Own guardian

Not my own guardian

Name of guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Name of Other Responsible Party: _____

Relationship: _____

(Please specify: Family relationship/Residential Provider/Other)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

County Service Facilitator : _____

Payee: _____

(Name)

(Agency)

(Phone #)

Applicant's Date of Birth: _____

Social Security Number: _____

Diagnosis: _____

Present Day/Evening Lifestyle Activities:

Employed: _____ Yes _____ No

If yes, please specify:

Community: _____ Paid / Volunteer (pls. circle)

Enclave: _____ Paid / Volunteer (pls. circle)

Other: _____ Paid / Volunteer (pls. circle)

Days per week _____

Day Programming:

At Home: _____

Adult Day Services: _____
(please specify)

Interested in attending:

____ Tuesdays only (male group)

____ Both Tuesdays (male group) & Wednesdays (co-ed group)

____ Wednesdays only (co-ed group)

____ Both Wednesdays (co-ed group) & Thursdays (female group)

____ Thursdays only (female group)

Areas of Interest (please check all that apply):

Academic

____ Budgeting

____ Meal Planning

____ Money Management (including having own bank account,
making purchases, etc.)

____ Cooking (including "reading" recipes, measuring, grocery
shopping, etc.)

____ Other, please specify _____

Do you presently have a Behavior Plan? _____ Yes _____ No

If yes, please specify: _____

Do you currently take medication? _____ Yes _____ No

If yes, please specify: _____

Do you self medicate? _____ Yes _____ No*

If yes, please specify assistance/prompts needed for successful self-medication? _____

**At this time, the TALL Institute is unable to accommodate individuals that take medicine during its hours of operation and do not self-medicate. Please call if you have any questions/concerns about this policy.*

Other medical/physical concerns: _____

Please check any of the following areas where assistance is required:

_____ Toileting

_____ Reminders during menstrual cycle

_____ Dressing (manipulating snaps, zippers, tying shoes, etc.)

_____ If yes, please specify: _____

_____ Dietary restrictions (anorexia, bulimia, overeating, stealing food)

_____ If yes, please specify: _____

Attending the TALL Institute:

Please write (or dictate to another and have them write) three (3) reasons why you think the TALL Institute would be a good choice for continuing your educational goals:

- 1) _____

- 2) _____

- 3) _____

Please write (or dictate to another and have them write) three (3) reasons why you think the TALL Institute and its participants would benefit from having YOU be a part of the program:

- 1) _____

- 2) _____

- 3) _____

As previously stated, the TALL Institute is only able to accept a minimal number of people (12 each day). In order for us to seriously consider your application, it would be helpful for us to be able to talk to a parent, employer, supervisor, care manager, etc. about your accomplishments, strengths and goals. Please list two (2) people who could provide us with information.

Name / Relationship / Phone #

Name / Relationship / Phone #

.....

Signature / Date

Name / Relationship of person providing assistance with application

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Emergency Medical Authorization Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Date of birth: _____

Social Security Number: _____

Diagnosis: _____

Current medications/dosage/times:

Other medical/physical concerns:

Allergies:

Last Tetanus Booster: _____

Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Dentist: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Other medical professionals I see:

Name: _____

Profession: _____

Phone #: _____

Name: _____

Profession: _____

Phone #: _____

Health Insurance: _____

Policy #: _____ (Please attach a copy)

Medicaid #: _____ (Please attach a copy)

Medicare #: _____

Preferred Hospital: _____

Preferred Hospital closest to the TALL Institute: _____

Does applicant have a patient liability? _____ Yes _____ No

If so, is that liability being taken by the residential provider? _____

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT PERMISSION

In the event reasonable attempts to contact _____
(parent/guardian name) at _____(phone #) or other
parent/guardian _____(name) at
_____ (phone #) have been unsuccessful, I hereby give
my consent to (1) the administration of any treatment by the listed
Doctor/Dentist or in the event the designated practitioner is
unavailable, by another licensed Doctor/Dentist and (2) the transfer
of the individual to the hospital of choice or any hospital reasonably
accessible. This authorization does not cover major surgery unless
the medical opinion of two other licensed physicians concurring in
the necessity of such surgery are obtained prior to the performance
of such surgery.

Signature Parent/Guardian/Individual Witness/Relationship Date

PART II: REFUSAL TO CONSENT

I do NOT consent for emergency medical treatment in the event of
illness or injury requiring emergency treatment. I wish the program
authorities to take no action or to:

Signature Parent/Guardian/Individual Witness/Relationship Date

Emergency Phone Numbers:

1st Contact: _____ Relationship: _____

Phone #s: Home _____ Work _____ Cell _____

2nd Contact: _____ Relationship: _____

Phone #s: Home _____ Work _____ Cell _____

3rd Contact: _____ Relationship: _____

Phone #s: Home _____ Work _____ Cell _____

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Transportation Release Form

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT PERMISSION

I _____ (self/guardian) give permission for _____ (name) to be transported by the teachers/staff of the TALL Institute to and from locations associated with the educational and social activities of the program. This release will remain in effect unless the TALL Institute receives written notification.

_____	_____	_____
Signature Parent/Guardian/Individual	Witness/Relationship	Date

.....

PART II: REFUSAL TO CONSENT

I do NOT give permission for transporting _____ (name) to be used by the TALL Institute. NOTE: This decline of permission could be reason for non-acceptance into the TALL Institute.

_____	_____	_____
Signature Parent/Guardian/Individual	Witness/Relationship	Date

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Photo / Identification Release Form

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT PERMISSION

I _____ (self/guardian) give permission for photos of _____ (name) to be taken and used for purposes of describing, advertising and informing others of the TALL Institute. This release will remain in effect unless the TALL Institute receives written notification.

Signature Parent/Guardian/Individual

Witness/Relationship

Date

PART II: REFUSAL TO CONSENT

I do NOT give permission for photos of _____ (name) to be used by the TALL Institute.

Signature Parent/Guardian/Individual

Witness/Relationship

Date

