



General Intake Application

(Please Fill Out Completely)

Name _____ Male Female
Gender _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____ County _____

- he/him/his
- she/her/hers
- they/them/theirs

Preferred Pronouns _____ Home Phone _____ Cell Phone _____ Email Address _____

Emergency Contact Person

Name _____ Relationship _____ Primary Contact Number _____ Secondary Contact Number _____

Do you have a Legal Guardian other than yourself? No Yes

Guardian Name _____ Address _____ Primary Contact Number _____

Disability Disclosure:

Primary Disability _____ Secondary Disability(ies) _____ Date of Onset _____

Current Living Arrangement

- Assisted Living De-Institutionalized Institution Homeless Other Independent Dependent living (Own/Rent Home or Apt) w/Family or Friends

Accessible Home?

- Yes
- No What would you need to make your home more accessible to you? _____

Veteran Status

- No Yes Self

Marital Status

- Single Married Separated Divorced Widow Widower Other

Primary Mode of Transportation

- Own Vehicle Relative/Friend/Staff Taxi/Uber/Lyft Public Transportation Call-a-Ride Unrestricted Call-a-Ride Conditional None



Method of Mobility

- Manual wheelchair Power wheelchair Scooter Walker/Mobility Aid Blind/Low Vision No Aid

Race Classification (Check all that Apply. For Statistical Purposes Only. No Bearing on Services)

- Native American Asian African American Hispanic Pacific Islander Caucasian Other Unspecified

Employment Information

- Employed Full-Time Employed Part-time Unemployed Lay Off Retired

Educational Information

- No Diploma HS Diploma GED Some College Trade School Associate Degree Bachelors Degree
 Graduate Degree or higher

Income Information (Check One for Statistical Purposes)

- \$0 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$19,999 \$20,000 to \$29,999
 \$30,000 to \$39,999 \$40,000 to \$49,999 \$50,000 to greater

Voter Status

Would you like to register to vote today? Yes No Already Registered to Vote

Media Consent

I hereby grant consent to Paraquad Inc. (hereafter referred to as "Paraquad") and those acting pursuant to its authority to record and use, reproduce, modify, exhibit and/or distribute my name, photograph, image, likeness, video, audio and story in marketing and public relations efforts. These efforts may include print newsletters, brochures, annual reports, websites, online newsletters, social media sites, advertising (including, but not limited to, television, online, radio, newspapers and magazines) and/or large format projects.

I understand that I waive all claims to compensation or damages based on the use of my name, photograph, image, likeness, video, audio or story by Paraquad and those acting pursuant to its authority when used in Paraquad's marketing and public relations efforts. I will not have an opportunity to inspect or approve a project prior to distribution and any project will remain the property of Paraquad.

I understand that this consent is perpetual, that I may not revoke it and that it is binding on me, my heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Participant Signature _____ Date _____

If this person is a minor or has a legal guardian, please complete section below:

Name _____ Relationship _____

Signature _____ Date _____

Membership Agreement

Thank you for choosing the Stephen A. Orthwein Center. Please review and sign at the bottom of the page. If you have questions, please ask a staff member for assistance.

- Stephen A. Orthwein Center membership fees can be paid monthly or annually.
- Stephen A. Orthwein Center fees are non-refundable.
- If one chooses to pay monthly, payment will be reoccurring on the same day every month. Members are expected to pay the monthly fees regardless of whether they are actively participating in the program.
- If a member is unable to participate in the program for medical or personal reasons, a request to freeze their membership may be made verbally or in writing. Once the request is received, the participant will not be billed for membership fees for any following months while the freeze is in effect. Freeze can be in effect for up to 3 months. If a freeze is needed beyond 3 months, communication is needed from the member at the 3-month mark. A physician's release may be needed to resume participation if there has been a significant change in medical status.
- Cancellation of membership may be made verbally or in writing. Membership cancellations will take effect in the following month. For example, if a participant starts their membership on February 15th and cancels their membership on February 28th, they are responsible for payment of full membership fees for that billing cycle and cancellation will take effect on March 15th.
- ***As of January 1, 2024, we will require a credit card on file for all membership fees and 1:1 trainings. However, one may pay with cash/check prior to the due date. Otherwise, the credit card will be charged for the membership on the monthly due date or the day of the 1:1 training.***
- Annual assessment/gym fee of \$80 will automatically be charged via the credit card on file annually based on membership start date. This is required for ALL members of the Stephen A. Orthwein Center including general members and those that utilize SilverSneakers and RenewActive for memberships. A staff member of the Orthwein Center will reach out to you during the month your assessment is to be scheduled in accordance with the automatic annual charge.
- No call, no show policy for 1:1 trainings: members are responsible for cancellation of appointments. There will be a \$20 fee for no call, no show. Cancellation notice is preferred at least 24 hours in advance, but at the very least before the appointment begins.
- Membership agreements can be terminated for one or more of the following reasons:
 1. At member's request
 2. Past-due account greater than 90 days
 3. Violation of the participant code of conduct

We look forward to having you as member of the Stephen A. Orthwein Center. By signing this document, you are agreeing to all the stated expectations listed above.

Participant Signature _____ Date _____

If this person is a minor or has a legal guardian, please complete section below:

Name _____ Relationship _____

Signature _____ Date _____

Participant Waiver and Release of Liability Form

In consideration of my, or my child's/ward's, use of the exercise equipment and facilities provided by Paraquad, I expressly agree and contract, on behalf of myself or my child/ward, my heirs, executors, administrators, successors and assigns, that Paraquad Inc. and its Insurers, employees, officers, directors, and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me or my child/ward, in, on, or about the premises, or as a result of the use of the equipment or facilities, regardless of whether such injuries result, in whole or in part, from the negligence of Paraquad Inc.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my child/ward, and I hereby fully and forever release and discharge Paraquad Inc., its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of said equipment and facilities.

I, on behalf of myself or child/ward, expressly agree to indemnify and hold Paraquad Inc. harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my child/ward.

I agree that I or my child/ward will comply with all rules imposed by Paraquad regarding the use of the facilities and equipment.

I understand and acknowledge that the use of exercise equipment involves risk of serious injury, including permanent disability and death.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I have consulted with a physician, and she/he agrees that this exercise program is appropriate for my or my child's/ward's current state of health.

I understand that Paraquad's Health and Wellness Program is a community-based exercise program and not therapy of any kind.

I acknowledge that I have read and fully understand the above Waiver and Release of All Claims

Participant's Printed Name	Participant's Signature	Date
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If Participant is less than eighteen (18) years old a parent/guardian signature is required.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Determination of Eligibility

Individuals must have a disability to receive services from Paraquod, Inc., a Center for Independent Living. Eligibility to receive services is based on disability as defined by the Americans with Disabilities Act (ADA). A determination of eligibility is based on the following definition of disability.

Individual with a disability means an individual who:

(Check one)

- Has a physical, mental, cognitive, or sensory impairment that substantially limits one or more of the individual's major life activities*; or
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

**Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and work.

While this form is utilized to determine an individual's eligibility to receive services from Paraquod as a whole, certain programs within Paraquod have specific eligibility requirements as determined by the funder. This form in no way guarantees that an individual will qualify for every program that Paraquod provides.

I verify that the information I have provided regarding my disability is accurate to the best of my knowledge. I understand that while I have been determined to be eligible to receive services from Paraquod, I may not qualify for every program offered at Paraquod.

Participant

Date

Program Specialist

Date

Paraquad Program Participant Acknowledgements and Agreements

Notice of Privacy Practice / HIPAA Acknowledgement

I received information regarding Paraquad's Notice of Privacy Practices and I understand my rights regarding the ways in which my information may be used or disclosed by Paraquad. I understand that if I have any questions regarding the Notice of Privacy Practices, wish to exercise my rights, or file a complaint, I may contact Paraquad's Privacy Officer.

Initial _____

Client Assistance Program of Missouri (CAP)

I received information regarding the Client Assistance Program (C.A.P.) of Missouri and understand my rights regarding services as a participant of Paraquad and the procedure to contact the CAP of Missouri.

Initial _____

Participant Rights

I received information regarding Participant Rights and understand my rights regarding services as a participant at Paraquad and the procedure to contact the Client Assistance Program of Missouri.

Initial _____

Participant Code of Conduct

I received information regarding Paraquad's Participant Code of Conduct and I agree to abide to by the rules of conduct contained within. I understand that if I violate this Code of Conduct, I will subject to a range of consequences, up to and including, being prohibited from participating in any activities or programs of Paraquad.

Initial _____

Grievances

I received information regarding Paraquad's Grievance Procedure and I understand my rights regarding services as a participant of Paraquad and the procedure to appeal.

Initial _____

Abuse and Neglect

I received information regarding abuse & neglect and I understand my rights regarding services as a participant of Paraquad.

Initial _____

Transportation

I received information regarding Paraquad's transportation policies and I understand my rights regarding services as a participant of Paraquad.

Initial _____

I understand my rights and responsibilities as a participant in Paraquad programs and services and agree to the terms and conditions explained to me.

This document expires one year from the date of the participant signature.

Participant Signature

Date

Parent/Guardian Signature (If Applicable)

Date

Paraquad Specialist

Date



AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

I, _____ hereby authorize Paraquad Inc. to disclose information regarding exercise and the Stephen A. Orthwein Center to the following individuals:

Name	Email	How are you related?	Phone

The purpose of this disclosure is to assist with providing exercise information if I am absent from the discussion via email or phone.

I may cancel this authorization at any time, except in cases where action has already been taken.

This form, unless canceled earlier, will expire in one (1) year.

Participant's signature: _____ Date: _____

Program specialist signature: _____

Name: _____

Date: _____

The Exercise Self-Efficacy Scale (ESES)

Please answer on a 4-point rating scale how confident you are with regard to carrying out regular physical activities and exercise.

Form completed by: Participant Interview by staff member

ESES Rating Scale:

1 = not always true

2 = rarely true

3 = moderately true

4 = always true

I am confident....	Rating:
1) that I can overcome barriers and challenges with regard to physical activity and exercise if I try hard enough	1 2 3 4
2) that I can find means and ways to be physically active and exercise	1 2 3 4
3) that I can accomplish my physical activity and exercise goals that I set	1 2 3 4
4) that when I am confronted with a barrier to physical activity or exercise I can find several solutions to overcome this barrier	1 2 3 4
5) that I can be physically active or exercise even when I am tired	1 2 3 4
6) that I can be physically active or exercise even when I am feeling depressed	1 2 3 4
7) that I can be physically active or exercise even without the support of my family or friends	1 2 3 4
8) that I can be physically active or exercise without the help of a therapist or trainer	1 2 3 4
9) that I can motivate myself to start being physically active or exercising again after I've stopped for a while	1 2 3 4
10) that I can be physically active or exercise even if I had no access to a gym, exercise, training or rehabilitation facility	1 2 3 4

Sum: _____

Adapted from Kroll K et al. The SCI Exercise Self-Efficacy Scale (ESES): development and psychometric properties, International Journal of Behavioral Nutrition and Physical Activity, Vol 4, 2007; Table 1. Used with permission from Biomed Central Ltd.

WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last four weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	1	2	3	4	5

20.	How satisfied are you with your personal relationships?	1	2	3	4	5
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1

Do you have any comments about the assessment?

[The following table should be completed after the interview is finished]

	Equations for computing domain scores	Raw score	Transformed scores*	
			4-20	0-100
27. Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	a. =	b:	c:
28. Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	a. =	b:	c:
29. Domain 3	$Q20 + Q21 + Q22$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	a. =	b:	c:
30. Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	a. =	b:	c:

* See Procedures Manual, pages 13-15