2025 Participant Information Form

It is mandatory that this form be filled in/updated each year and turned in to the SOAR office whether the participant is a member or non-member.

Please print legibly, and send completed form to

SOAR Fox Cities, Inc., 211 E. Franklin St., Suite A, Appleton, WI 54911
or email to info@soarfoxcities.com

Participant Information

Group/Apartment/Foster/Adult Home Name, if any: _____

Participant's Full Legal Name: _____

Nickname (ex: Bob, Bobby, Rob), if any: _____

Address: _____

City, State, Zip: _____

County_____

Place(s) of Employment: _____

Phone/s:

Primary Phone: _____

Participant Cell Phone: _____

E-mail Address:

Participant Email _____

Date of Birth: _____

Gender (Circle One):

Male
Female
Prefer to self-describe _____
Prefer not to answer

School attending (if applicable): _____

EMERGENCY CONTACT – PERSON TO BE CONTACTED **FIRST** IN AN EMERGENCY**:**

Name _____

Relationship _____

Cell Phone _____

*Phone (Day) _____

(Evening) _____

SOAR Fox Cities, Inc. and its Programs are not responsible for accidents or injuries that may occur to participants or attendees during activities. SOAR Fox Cities, Inc., its employees and volunteers are not liable for any and all claims demands, losses, damages, actions, rights of actions of whatever kind or nature arising out of, in consequence of, or on account of any injuries or incidents which may occur due to participation in a SOAR activity.

Living Situation (check one):

___ lives independently
___ lives with parent/sibling/relative. Their name/s & phone are:_____
___ foster home. Name & phone: _____
___ adult family home. Name & phone: _____
___ apartment program. Name & phone: _____
___ group home. Name & phone:_____
___ other:_____

CANCELLATION CONTACT-PERSON TO BE CONTACTED WHEN A SOAR ACTIVITY IS CANCELLED:

Name:_____
E-Mail:_____
Phone:_____
Do you prefer: e-mail OR phone (circle one)

Caregiver or Support Staff name and phone*: _____
Email: _____

Guardian & Payee Information

___ I am my own guardian

___ My guardian is: _____
(address) _____
(name) _____
(e-mail _____
(phone) _____

___ I have Long-Term Care Funds (please circle one):
IRIS Lakeland Care CLTS
Community Care Inclusa

___ My Payee/Fiscal Agent/Care Manager/Consultant's email & phone are: _____
_____

Continue on other side →

MEDICAL CONDITIONS

Check/circle all that apply

- □ Autism Spectrum Disorder
- □ Brain Injury
- □ Down Syndrome
- □ Fragile X Syndrome
- □ Hearing/Vision Impaired
- □ Intellectual Disability
- □ Mental Health
- □ Prader Willie's
- □ Physically disabled
  *Uses wheelchair, walker, other: _____
- □ Other :
- □ Seizure Disorder
  type:
  aura:
  other:
  ___vagal nerve stim.
  Magnet location:
  _____

Please note assistance or other accommodations needed, including an interpreter if necessary.

Is there anything we should know about the person's:

□ Speech/Communication
□ Chewing/Swallowing
□ Toileting/Incontinence
□ Wandering/Eloping

Please list any ALLERGIES—Non Food and/or Food Related: -

_____

_____

NOTE: If this person has severe diet restrictions, we recommend that you send a bag lunch along.

BEHAVIOR PROGRAM Please indicate if there is a behavior procedure you wish SOAR staff to follow or attach the behavior sheet if you have one.

RESPONSIVENESS Does participant respond independently to emergency situations (fire alarms/drills)? Yes __No __

SOCIAL APPROPRIATENESS/INTERACTIONS WITH OTHERS Is there anything SOAR staff should know about personal interactions?

For agency funding/reporting purposes, the following information is needed. No names/identifying information is ever shared. Choose one in each column

Race (Choose one)	Ethnicity (Choose one if applicable)	Gender Identity (Choose those applicable)	Individual's income level range (not Family) (Choose one)
White/Caucasian	Hispanic	Female	<$12,144
Black/African-American	Hmong	Male	$12,145-$15,792
Asian		Trans-male	$15,793-$20,040
American Indian/Alaskan Native		Trans-female	$20,041-$24,288
Native Hawaiian/Pacific Islander		Non-Binary	>$24,288
Multiple Races		Other:	

United Way Fox Cities

__ **YES! I want to receive fundraising communication from SOAR Fox Cities!** (complete or circle one)
Send via email: _____ OR send via postal mail only.

A Partner Organization of United Way Fox Cities. Supported by the Community Foundation for the Fox Valley Region, individuals and corporate donors.