

- 6) Do you have medical insurance? Yes No
- 7) Insurance Company Name: _____
- 8) Insurance Co. Phone Number: _____
- 9) Address: _____
- 10) Policy Number/Medical Assistance Numbers: _____
- 11) Any special equipment: (i.e. wheelchair) _____
- 12) Any communication skills: (i.e. sign language) _____
- 13) Please check which best describes the individual's functioning level:
 severely impaired moderately impaired mildly impaired

Programs of Training, both past and present:

Workshop Address: _____

City	State	ZipCode	Phone Number

Other/Address: _____

City	State	ZipCode	Phone Number

PLEASE SIGN BELOW:

-I, _____, give my permission to Helping Hands, Inc. to
Parent/Guardian/Applicant

provide a Social/Rec, or Day Program to the above mentioned applicant.

-I give my consent for the taking and using of photographs of _____
for the purpose of furthering services provided by Helping Hands, Inc.

-I grant permission for _____ to participate in trips as a part of the agency's
programs.

-I grant permission for _____ to receive medical attention and/or
treatment by a doctor/hospital and/or our staff if it is so required while he/she is attending agency
programs.

Signature of Parent/Guardian

CONFIDENTIALITY:

Helping Hands, Inc. maintains confidentiality of individual records and information in accordance
with guidelines prescribed by the Pennsylvania Dept of Welfare.

We provide services to individuals regardless of race, color, creed, national origin, handicaps, sex,
or political affiliation.