

New Beginnings Questionnaire

Structured Day Services

In an effort to provide the most comprehensive services for our clients, we have been asked by an interested and experienced Adult Day Provider to ask you what might be of interest to the person with a traumatic brain injury for a Structured Day Services Program at our New Beginnings site.

Structured Day Program Services are individually designed services provided in an outpatient congregate setting or in the community to enable one to live as independently as possible. To meet the needs of the potential clients in such a program, please assist us by answering the following questions:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

What are your needs?

Are you in a Medicaid Waiver program? ____ Yes ____ No

Are you a Veteran? ____ Yes ____ No

Are you currently receiving services in a waiver program? ____ Yes ____ No

If yes, which program and what type of service? _____

Date of birth: _____ Date of injury: _____

What is your diagnosis? _____

What type of deficit do you have? (Please check all that apply) physical ____ mental ____
behavioral ____ cognitive ____ substance abuse ____ other (describe) _____

What would you like in a program to meet your needs?

____ Basic Work Skills (punctuality, problem solving and effective communication, etc.)

____ Specific Job Skills (computers, cooking, etc.)

____ Vocational training (technical education)

____ Socialization (improving social skills, community integration, etc.)

____ Wellness Programs (Yoga, Tai Chi, Meditation, fitness, etc.)

____ Creative Arts (art, dance, theatre, etc.)

____ Personal Care (assistance with activities of daily living)

____ Transportation to and from program services

If You have any questions or comments, please list them below:

**Thank you. Please submit to: New Beginnings Community Center
PO BOX 407, Medford NY 11763**