

Name:

condition. © 2006 - 2017

Family Information and Consent Form

CreateAble is a family & caregiver engagement program for individuals with special needs. We are looking forward to working with you. Our sessions are designed to encourage individuals and their families to engage with identified goals and needs. Please note that we will ask for every attending family member to participate. Your input is needed for effective session planning; please let us know any additional information so we can include your goals into the activity. All of our materials are safe and "washable", every participant may come home a little "Painty"; an extra set of clothes is recommended. If you would like more information about our program or our sessions, please contact our office at 729-5059.

Date of Birth:

Address:		County:
Street City	State Zip	
Phone	Alt Phone	Email:
Do you want to be included on our mailing list for public events and workshops? Yes No		Tabs # (if OPWDD Eligible):
Parents/Caregiver Name:		Referring Agency:
Participating Siblings Names and Ages:		
Additional participating family & friends:		
(There is a small fee to cover the associated costs)	for additional family and frie	ends who do not reside with the eligible participant)
Allergies: (example: Gluten)	Preferred Appointme	
Please Indicate Session Type: (check applicable) Individual/Family Session Group (Includes Peer) Session Other		
Communication Needs (check applicable) Verbal (if	other than English please note)	Sign Augmentative Device
Residence Type (Check Applicable)	Independent [OSS/Foster Nursing OPWDD/Agency
Special Needs: Cerebral Palsy Autism Other:		☐ Developmental Delay ☐ Neurological y: Please indicate (Circle) Defensive or Seeking
Is the requested session with your therapist? Specialist Name:	If so, please indicate: [Contact phone:	OT PT Speech Spec. Education
What goals do you have for your workshop expindividuals IEP/IFSP/ISP etc. <i>The Magic Paintbrush Project</i> Communication Movement/Working To	perience? Your session's a ct does not provide any there	py services. The goals below are only suggestions
Please list any goals and expectations:		
		e or cancel your appointment 607) 729-5059 <u>ALL "NO SHOWS" Will Incur A \$25 Fee.</u>
other valuable consideration, I understand that by signing this release, I managers, directors, volunteers and agents; all sponsoring organizations a harm, loss, inconvenience or damage suffered or sustained as a result of payolunteers from the community to create artwork which may be used to ra	agree to hold harmless Life Is Wash and any other parties connected with articipation in one or more events or ise funds for Life Is Washable, Inc. or	shop or any other event connected with the Magic Paintbrush Project and for able, Inc. dba The Magic Paintbrush Project, including all of its employees, a events and activities, singly or collectively, from any liability for any injury, any activities associated therewith. I understand that I will be working with its affiliates. I understand that all artwork will become the property of Life Is
		give my permission to Life Is Washable, Inc. to use my
whatsoever, hereby waiving my right to review or app	rove such photograph, sou tion for CreateAble® and to use the	s for trade, for publicity or for any other lawful manner nd recording or likeness prior to its use. I understand that all subject matter of pending U.S. patent application serial no. 61-062,224 are
Print: Signate	ure:	<mark>Date</mark> :
Create Abla is a program of Life Is Washahla lang a FO1/a)/3)	Signature of Paren	it if Under 18

Family Member (not living with Individual)

Washable, Inc. It should in no way be taken as general or specific medical advice. Please consult your primary care physician or other medical specialist for specific advice about your medical