



Boundless Community Pathways- Central Enrollment Form

Individual's Name: _____

Phone #: _____ Email Address: _____

Home Address: _____

Please Circle Funding Type: IO Waiver Level One Waiver SELF Waiver ICF/DD Self Pay

DOB: _____ Medicaid #: _____

SS#: _____ Acuity Level: _____

Are you working with a residential provider? Y N Provider Name _____

Transportation Special Considerations: Do you need Wheelchair Accessible vehicle? Y N

Guardian/Family Contact Name: _____

Phone #: _____

Email Address: _____

Does Guardian Need to be Contact by BCP? Y N Guardian has approved of this service Y N

Emergency Contact Name: _____

Phone #: _____

Support Administrator Name: _____

Check Days & Time You Will be Attending Boundless Community Pathways
Groups run either Monday - Thursday OR Tuesday - Friday
If you do not have a strong preference for am/pm please circle both times

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Allergies: _____

Doctor Ordered Diet: _____

Medications to be Administered During Program Hours: _____

Check Activities You Wish to Participate In

- Arts and Culture
- Great Outdoors
- Fit for Foodies
- Animal & Farm
- Photography & Scrapbooking
- Volunteerism and Vocational
- Recreation and Leisure

Other recommendations & areas of interest: _____

Boundless Circle of Care- Check Other Service Areas You May Need Support In

- Residential Services:
 - Supported Living
 - Intermediate Care Facility IDD
 - Person/Parent Directed Program

- Behavioral Health:
 - Psychiatry
 - Medication Management
 - Counseling
 - Care Coordination

Will you wear a mask during entire program? Y N

Circle which COVID-19 Vaccine you have received as of completion of this form FIRST BOTH

Are you currently being assisted by a Behavior Support Plan? Y N IF "YES," please indicate triggers, reaction to triggers and supports used:

