



# iCan House.membership INFORMATION

The following information is critical for all members to keep current at all times. Please complete this information upon application to iCan House programs. You will be asked to update this information once annually. \$20, (cash or check) is due with the completed application/annual member information update.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Name** Mr / Mrs / Ms / Dr \_\_\_\_\_

**Person Completing This Application**  Self  Parent/Guardian  Other \_\_\_\_\_

**Applicant Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**Gender** Male / Female **Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Ethnicity (Opt)**  Caucasian/White  African American/Black  Hispanic/Latino  Asian  Middle Eastern  
 Pacific Islander  Native American/Alaskan  Other \_\_\_\_\_

**Applicant Home#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Applicant Cell#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Applicant E-mail** \_\_\_\_\_

**Applicant Work#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Classroom Setting**  Not In School  Mainstream  Self-Contained  Homeschool  Other: \_\_\_\_\_

**Current School** \_\_\_\_\_ **Grade Level** \_\_\_\_\_ **Class Size** \_\_\_\_\_

**Applicant Employment Status**  Not Employed, Not Looking  Not Employed, But Looking

Employed, Part-Time  Employed, Full-Time  Other: \_\_\_\_\_

**Applicant Employer** \_\_\_\_\_ **Applicant Job Title** \_\_\_\_\_

**Diagnoses** (check all that apply)  ADHD  Asperger's Syndrome  Autism  Bipolar Disorder  
 Chronic Fatigue Syndrome  Dermatillomania  Depression  Disgraphia  Generalized Anxiety Disorder  
 Learning Disabilities  OCD  Oppositional Defiant Disorder  Panic Disorder  PTSD  Social Phobia  
 Sensory Processing Disorder  Selective Mutism  Trichotillomania  Other: \_\_\_\_\_

**Adoptive Status**  Not Adopted  Foster Care  Domestic Adoption  Foreign Adoption

**Medical Concerns**  Diabetes  Seizures  Physical Disability: \_\_\_\_\_  Other: \_\_\_\_\_

*Please include any specific medical guidelines (if necessary) on a separate piece of paper.*

**Allergies**  Food: \_\_\_\_\_  Environmental: \_\_\_\_\_  Other: \_\_\_\_\_

**Special Dietary Concerns** \_\_\_\_\_

**Guardianship Status**  Own Guardian  Under Guardianship of: \_\_\_\_\_

**Parent/Guardian A**  N/A  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Parent/Guardian B**  N/A  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Emergency Contact**  
**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Employer** \_\_\_\_\_  
**Job Title** \_\_\_\_\_

**Employer** \_\_\_\_\_  
**Job Title** \_\_\_\_\_

**Employer** \_\_\_\_\_  
**Job Title** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Home#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Home#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Home#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Cell#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Cell#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Cell#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Work#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Work#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Work#** (\_\_\_\_)-\_\_\_\_-\_\_\_\_

PHOTO

ALLERGY

MEDICAL

GUARDIAN

# At iCan House - it's about what you CAN do!

Explain why this applicant is a good candidate for inclusion in iCan House programs.

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Describe specific approaches that are effective in interacting.

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Describe any effective schedules, visual cues, or other teaching aids.

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Describe any fears and emotional triggers.

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Describe what an emotional meltdown may entail.

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Describe successful methods for calming and soothing when upset.

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Describe and explain specialized therapies or activities.

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List three goals to strive for this applicant:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

# At iCan House - it's about what you CAN do!

**Rate this applicant in the following areas by placing an "X" in the appropriate box.**

Keep in mind that many of the applicants that apply for participation struggle in many of the following areas, so a low score in any one area is not necessarily detrimental to admission. Rather, this will give a more accurate picture to the program staff at iCan House as to where they will need to focus this applicant's goals. Please provide additional notes on a separate page if you feel the need to expand in any way.

	1 never	2 rarely	3 sometimes	4 often	5 always
Interacts comfortably with large groups					
Enjoys social situations					
Understands others' emotions					
Initiates conversations/interactions with peers					
Accepts responsibility for personal actions					
Completes tasks independently					
Follows directions					
Understands sharing					
Uses age-appropriate listening skills					
Engages in two-way conversations					
Controls emotions without violence					
Uses appropriate table manners					
Respects authority					
Maintains focus and attention appropriately					
Uses a flexible mindset					
Displays good sportsmanship					

**Describe additional information that you feel iCan house should know or attach a separate sheet if needed.**

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**How did you hear about iCan House?** \_\_\_\_\_

**iCan House requires a letters of recommendation for membership consideration. Record the name of the person recommending this applicant below.** Ask an adult, non-family member, who knows this applicant well (teacher, coach, therapist, etc.) to complete and return the forms. Completed form can be mailed, faxed, or hand delivered to iCan House by the person that you choose to complete the recommendation.

**Name of Referrer:** \_\_\_\_\_

**I hereby state that to the extent of my knowledge, all of the provided responses are true and factual.**

**Applicant or Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail or Deliver to: 862 W. Fourth St., Winston-Salem, NC 27101 E-mail: info@icanhouse.com**

Note: if you choose to return this recommendation to the applicant, we ask that you place the recommendation in a sealed and signed envelope to preserve confidentiality.





# membership RECOMMENDATION

Dear Friend,

\_\_\_\_\_ (applicant) is applying for membership to iCan House's social and/or life skills programs and has selected you to vouch for their character, abilities, and potential as they go through the admissions process. Each individual must have at least ONE recommendation on file at the iCan House before they may be permitted to enter a program.

Please respond sincerely to the following questions. iCan House is dedicated to providing positive social and learning experiences for children, adolescents, and adults, but unfortunately, we can not serve everyone. If iCan House is not the best place to meet this applicants needs, we will do our best to suggest other organizations that may be able to provide better assistance. We aim to place club members in situations that will maximize their potential. Your input will aid in our ability to provide this applicant specific attention and an appropriate placement. The goals of each individual at the iCan House will vary, but we strive to provide each member with a comfortable environment in which to make friends, learn social skills, build self-esteem, and work towards their life goals.

Thank you for your time, effort, and dedication on behalf of this applicant. Your comments and scoring of this applicant will be treated with confidentiality. As such, we ask that you provide an honest assessment of this individual.

Your completed recommendation can be mailed to : 862 W. 4th St, Winston-Salem, NC 27101 or emailed to info@icanhouse.com. For more information, please visit www.icanhouse.org.

Sincerely,  
iCan House Services, Inc.

## APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_

Parent(s) of Applicant (if applicable) \_\_\_\_\_

Primary Applicant Phone#(\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

## REFERER INFORMATION

Name of Referrer \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

Primary Phone # (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

# At iCan House - it's about what you CAN do!

Describe your interactions with this applicant. \_\_\_\_\_

\_\_\_\_\_

Describe how this applicant interacts with his or her peers. \_\_\_\_\_

\_\_\_\_\_

**Rate this applicant in the following areas by placing an "X" in the appropriate box.**

Keep in mind that many of the applicants that apply for participation struggle in many of the following areas, so a low score in any one area is not necessarily detrimental to admission. Rather, this will give a more accurate picture to the program staff at iCan House as to where they will need to focus this applicant's goals. Please provide additional notes on a separate page if you feel the need to expand in any way.

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Engages in two-way conversations					
Controls emotions without violence					
Uses appropriate table manners					
Respects authority					
Maintains focus and attention appropriately					
Uses a flexible mindset					
Displays good sportsmanship					

To the extent of my knowledge, all of the provided responses are true and factual. After a careful assessment of \_\_\_\_\_'s character, demeanor, and social development, I can honestly:

- \_\_\_\_\_ **Recommend** this applicant      • \_\_\_\_\_ **Not Recommend** this applicant

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this completed recommendation directly to iCan House.**

**Mail or Deliver to: 862 W. Fourth St., Winston-Salem, NC 27101 E-mail: info@icanhouse.com**

Note: if you choose to return this recommendation to the applicant, we ask that you place the recommendation in a sealed and signed envelope to preserve confidentiality.