



**Joey's Friends  
Disability Navigation Support  
Program Enrollment Form**

Rev. 07/24  
1 of 2

Please complete the content below to initiate enrollment into the Joey's Friends support and navigation program.

**Demographics**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Group Home (if applicable) \_\_\_\_\_

Day Program (if applicable) \_\_\_\_\_

**Diagnosis**

- Autism Spectrum Disorder     Intellectual Disability     Cerebral Palsy     Down syndrome
- Other genetic syndrome     Hearing impaired     Visually impaired

**"GREET" questions**

**Go (mobility):**

- Independent in ambulation     1 person assist     2 person assist
- Wears orthotics     Uses walker     Uses wheelchair

**Response (sensory needs):**

- sensitive to loud noises     sensitive to smells     sensitive to bright light

Explain: \_\_\_\_\_

**Eat (feeding):**

- Oral feeder     needs assistance with oral feeds     tube fed

dietary restrictions (explain) \_\_\_\_\_

**Expressive (communication)**

- Speaks in full sentences     Speaks in short phrases     Speaks in 1-2-word responses
- Non- verbal     Uses a communication device     Uses a phone     Uses sign language

**Toileting**

- wears diapers ( day  night)     fully toilet trained     needs assistance toileting

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**Preferred objects/ snacks**

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**Specific dislikes: Tips for staff consideration/success**

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**Other relevant information**

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**SUGGESTIONS**

- Use simple direct language     Allow time for the patient to process or answer questions
- Keep lights dimmed                       Keep noise levels low                       Model any necessary procedures
- Create a social story, written or visual schedule of necessary procedures
- Earn a reinforcer at the end of the visit (i.e., \_\_\_\_\_ )
- Play a show or music on an iPad

**I acknowledge that by signing this document, I am enrolling in the Joey's Friends Program, and I can accept, modify or decline any support services that are offered at any time.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_