



THIS FORM MUST BE FAXED IN BEFORE THE EXPERIENCE DAY

FAX TO: Attention: **DEB HOLTZ**

651-209-3579

Artist Experience Day Information

Name: _____ Date of Birth: _____ Gender: _____
(first, middle, last)

Address: _____

City/State/Zip: _____

Telephone # _____

Are you primarily interested in: ___ Visual Arts ___ Performing Arts ___ Both

If there were an emergency, would you need help getting out of a building? ___ Yes ___ No

Experience Day emergency contact _____

Experience Day emergency contact phone number _____

Do you go out in the community on your own? ___ Yes ___ No

Phone Number of Guardian/Conservator (if applicable) _____

Funding Source (if you know it) _____

RESIDENTIAL SUPPORTS (if applicable)

Name of Company for your group home or apartment setting: _____

Contact Person: _____

Email: _____ Phone: _____

CASE MANAGER INFORMATION

Case Manager: _____

Company Name: _____

Address: _____ City/State/Zip _____

Phone: _____ Fax: _____ Email: _____

All artists at Interact are creative people with disabilities. Please share your disability label so we can best support you.

Are there special circumstances we should be aware of during your Observation Day? For example, are you likely to have seizures, do you need reminders for personal cares, do you have allergies?

What staffing ratio is needed to ensure your safety while at Interact?

Will you be taking medications during your Observation Day? (9:30 AM – 4:00 PM) Yes No

If Yes, please list medications, reason for medications, and times they need to be taken:

If you will be taking medications, do you need help taking them while you are here?
 Yes No

If you need assistance with medications, please have medications pre-packed in an envelope and labeled per 5 Rights of administration:

EXAMPLE:

1. Name of Individual receiving medication
2. Medication Name
3. Dose and number of pills
4. Date and Time med to be administered
5. Route (ex. Oral, Topically, Optic, Otic, Buccal etc.)



Do you now, or have you attended other Day Programs or Vocational Programs? Could you list them, and give us an idea of the kinds of things you enjoyed or did not enjoy.

Please tell us anything else you would like to share that would help us make your Experience Day the best experience for everyone.

We're looking forward to seeing you!