NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

Application for Services

Name of Individual:_____
Last Name Middle Initial First Name

Address:_____
Street Address City Zip Code

Phone Number:_____Alternative:_____

Email Address:_____

Date of Birth:_____Sex:_____Male_____Female

Social Security #:_____Medicaid #:_____

Marital Status:_____Single_____Married_____Divorced_____Widowed

Primary Language:_____English_____Spanish_____Other:_____

Communication Mode:_____Verbal_____Non-Verbal

Communication Device(s):_____

Emergency Contact:_____
Last Name First Name

Relationship to Individual:_____Phone Number:_____

Background Information

Place of Birth:_____
City County State

Legal Status:_____Child_____Competent Adult_____Adult with Legal Guardian

NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

Name of Guardian:_____
Last Name First Name

Address of Guardian:_____
Street Address City Zip Code

Phone Number of Guardian:_____

Mobility & Self Care

Mobility (Check One):

_____Walks Independently	_____Walks with Assistance From Others
_____Requires walker, crutches, or cane	_____Uses Wheelchair Independently
_____Uses Wheelchair with Assistance	

Eating (Check One):

_____Eats Meals Independently	_____Requires adaptive eating utensils
_____Requires assistance to eat	_____Must be tube fed

Dressing (Check All that Apply):

_____Dresses Independently	_____Requires assistance with buttons, zippers or snaps
_____Requires assistance when picking out appropriate clothing	_____Requires assistance with socks and shoes
_____Requires total assistance	

Bathroom (Check One):

_____Restrooms Independently	_____Requires Verbal Reminders

NEXT STEP TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

_____Requires assistance with clothing and/or wiping in restroom	_____Has a bowel and bladder program
_____Has Catheter	_____Has a Colostomy Bag

Grooming/Hygiene(Check all that apply):

_____ Showers/Bathes Independently	_____Requires Assistance with water temperature
_____Requires Verbal Reminders to wash/rinse hair	_____Must be closely supervised in shower/bath
_____Brushes Teeth Independently	_____Requires verbal reminders to brush teeth
_____Requires Assistance to brush teeth	_____Unable to brush teeth
_____Combs/brushes hair independently	_____Requires assistance to comb hair
_____Puts on deodorant, perfume/cologne Independently	_____Requires assistance with deodorant, perfume/cologne
_____Trims nails Independently	_____Requires assistance to trim nails
_____Shaves independently	_____Requires assistance with shaving

Meal Preparation/Planning(Check all that apply):

_____Cooks simple meals independently	_____Uses microwave independently

NEXT STEP TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

_____Able to follow recipe	_____Able to make toast/sandwich
_____Requires assistance to prepare meals	_____Unable to prepare any food

Socialization/Community(Check all that apply):

_____ Interacts with peers independently	_____Requires prompting to interact
_____Withdrawn/keeps to self	_____Can travel in community independently
_____Requires minimal supervision in community	_____Requires close supervision in community

Medical Information

General Physician: _____
Last Name First Name

Address:_____
Street Address City Zip Code

Phone Number:_____

Specialists Type:_____

Name:_____

Address:_____
Street Address City Zip Code

Phone Number:_____

Known Allergies(food,medications,environmental):_____

NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

List all Diagnoses:_____

_____

Past surgeries/medical procedures:_____

_____

Seizures:_____No_____Yes If yes,frequency and type:_____

Special Diet:_____No_____Yes If yes, type of diet:_____

Hearing Problems:_____No_____Yes If yes, describe type and devices:_____

Vision Problems:_____No_____Yes if yes, describe type and aids:_____

_____

Medications

Medication	Dosage/ Frequency	Reason

NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

By signing below, I agree and affirm that all information is correct and up to date. I understand and affirm that I am responsible to update Next Step Transition Center to any changes to this information.

Name of Individual:_____
Last Name Middle Initial First Name

Signature:_____Date:_____

LAR/Guardian Signature:_____Date:_____

Next Step Administrative Staff Signature:_____Date:_____

NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

Individual Releases

Name of Individual: _____

EMERGENCY/MEDICAL

_____ I authorize the staff and contractors of Next Step Transition Center to seek medical assistance and treatment for myself or my individual in the event of an emergency.

TRANSPORTATION

_____ I hereby give the staff and contractors of Next Step Transition Center permission to provide transportation to myself or my individual to scheduled activities, special events or in the case of an emergency.

RELEASE FOR PHOTOS, AUDIO AND VIDEO TAPE

_____ I hereby give the staff and contractors of Next Step Transition Center permission to take and release pictures,films, and audio or video tape recordings of me/my son/daughter to assist in promoting and providing services for Next Step Transition Center.

By signing this document, I agree and affirm that I have read and completely understand all of the above releases.

NEXT STEP
TRANSITION CENTER
Enhancing the lives of individuals with special needs

229 East Vaughan Lane
Deer Park, TX 77536
832-429-3703
www.nextsteptransitioncenter.org

Signature of Individual/LAR/Legal Guardian Date