

Participant Interest

Thank you for your interest in Shining Stars Day Hab. Our goal is to provide a safe, welcoming, and person-centered environment where adults can build independence, develop life skills, participate in meaningful activities, strengthen community connections, and work toward individual goals.

This form is used for the **initial review process**. Additional information and documentation will be requested if the participant proceeds to the admission and intake process.

PARTICIPANT INFORMATION

Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Preferred Language: _____

PARENT, GUARDIAN, OR LEGALLY AUTHORIZED REPRESENTATIVE

Name: _____

Phone: _____

Email: _____

Please check all that apply:

☐ Parent
☐ Legal Guardian
☐ Legally Authorized Representative (LAR)
☐ Other: _____

If selected for enrollment, you may be asked to provide documentation establishing your legal authority to act on behalf of the participant.

Is the participant currently receiving ISS Day Habilitation services?

☐ Yes ☐ No

If yes:

Current ISS Day Habilitation services: _____

Reason for seeking a new ISS day habilitation service:

GETTING TO KNOW THE PARTICIPANT

At Shining Stars, we want to get to know the person, not just their diagnosis or disability.

What are the participant's strengths?

What does the participant enjoy doing?

What are some of the participant's favorite activities or interests?

☐ Music/Dancing
☐ Arts & Crafts
☐ Cooking
☐ Exercise/Sports
☐ Gardening
☐ Games
☐ Reading
☐ Movies
☐ Shopping
☐ Community Outings
☐ Volunteering
☐ Vocational Activities (list): _____

☐ Other: _____

If the participant receives HCS or TxHmL services, please indicate the participant's current Level of Need (LON), if known:

☐ LON 1
☐ LON 5
☐ LON 6
☐ LON 8
☐ LON 9
☐ Not Sure
☐ Not Applicable

Email Interest Form to: info.shiningstarsiss@gmail.com