



Path Forward of Kentucky
Adult Day Training Application
703 Fairview Ave, Ste B-5
Bowling Green, KY 42103
Office: (270) 599-0020
www.pathforwardky.com

Applicant's full name: _____ Preferred Name: _____

Address: _____

Phone: _____ Email Address: _____

DOB: _____ Gender: _____

Legal Guardian Name (if applicable) : _____

Guardian's Phone #: _____ Guardian's Email: _____

Information About Applicant

Waiver type: (circle one) Michelle P Waiver Supports for Community Living Neither

Case Manager/Support Broker Name: _____ Agency: _____

Highest Level of education: _____ H/S Diploma Received? Y / N

Why are you interested in coming to this program? (please use separate piece of paper if needed)

Have you had previous experience in an Adult Day Training program? _____ Yes _____ No

If yes, where and when? _____

Reason for leaving _____

Are there any behavior concerns or other information that may impact our provision of care to this participant? _____ No _____ Yes If Yes, Please Explain: _____

Are you motivated to get a job in the community? _____ Yes _____ No

What is your Dream Job? _____

Are you willing to engage in social and leisure activities with peers? Yes No

Emergency Care Information

Please list the names of two persons who may be contacted in case of emergency:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name of Physician: _____ Telephone: _____

Will you take medication while at the ADT Program? Yes / NO If YES, please list medications

taken during the day: _____

Transportation

Transportation will be provided by Waiver Relative Friend Public Transportation

Name of person or company providing transportation: _____

Phone Number: _____

I attest that the above information is true to the best of my knowledge and would like to be considered for the KEY Academy Program.

Signature of Applicant & Date

Parent/Guardian Signature & Date

Waiver Participants:

In order to complete your application, PFK also needs the following:

- Plan of Care
- MAP 351
- Behavior Support Plan (if applicable)
- Last IEP/504 plan (if available)

Private Pay Participants:

Please attach any information that gives a clear background of your learning styles such as IEP, Psychological Evaluations, etc. that you would like our Admissions Team to review.

Application and supporting documents may be returned to Path Forward via email: key@pathforwardky.com or mailed to 703 Fairview Ave, Ste B-5 Bowling Green, KY 42103

If you need assistance with obtaining documents to submit with your application, please contact us!