

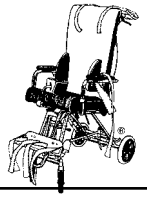


Jamestown New Horizons Riding For The Disabled

15350 Old Jamestown Road, Florissant, MO 63034

Phone: (314) 741-5816, Fax: (314) 741-5816

E-mail: jnhgoneriding@charter.net, Web: www.jnh-goneriding.org



"Gone Riding"

Consumer Information

Social Security Number (required) _____ - _____ - _____ Date of Birth _____ / _____ / _____

Consumer Name: First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ Consumer's Weight (lbs.) _____

Resident of: St. Louis County Jefferson County St. Charles County Other _____

Is consumer a resident of the city of Florissant? Yes No

Is consumer an active client of the Regional Center? Yes No

Consumer Race: White Black Bi-Racial American Indian Hispanic Asian

Consumer Gender: Male Female

Who determined consumer is disabled? (Check all that apply)

Physician St. Louis Regional Center Special School District Other _____

Current Residence Type: (Check one)

Lives with Family Habilitation Center Lives independently Foster Home Individualized Supported Living

When did this person's disability manifest itself? Prior to age 19 Prior to age 22

CONSUMER DIAGNOSIS: (Check all that apply)

Autism Cerebral Palsy Epilepsy Learning Disability Mental Retardation Head injury

OTHER DIAGNOSIS:

ADHD Behavior Disorder Developmental Delays Mental Illness

Other _____

If one of the "Other Diagnosis" is checked above, check the substantial functional limitations in 2 or more of the following areas of major life activities:

Capacity for Independent Living Learning Self Care Mobility

Receptive & Expressive Language Self Direction or Economic Self Sufficiency

Legal Guardian Name(s) _____ Date _____ / _____ / _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: __ Home (_____) _____ Work (_____) _____

Enclose an evaluation supporting the diagnosis above, on the above consumer, from one of the following entities: a physician, a psychologist, the Department of Elementary & Secondary Education/School District, Department of Mental Health or Vocational Rehabilitation.