INFORMATION FORM

Please mail to SPRED Administrative Office
2121 Harrison Street Oakland, Ca 94612
General inquiries call 510-635-7252
Model & Training Center: 3705 Dorisa Ave. Oakland, Ca 94605
e-mail: info@spredoakdiocese.org
www.oakdiocese.org/education/spred

Please fill out front and back pages completely

_____ Female _____ Male Date: _____

_____ _____
(First Name of Person with Developmental Disability) (Last Name)

_____
(Preferred First Name) (Birthday/Mo./Day/Year) (Age)

Resides with/at: _____ _____ _____
(Check one) (Parents) (Group Home) (Independent Living)

_____ Ph. ( ) _____
(Address)

_____
(City, State, Zip)

_____
(Email Address)

( ) _____ ( ) _____ _____
(Home Phone) (Work Phone) (Prefer to receive written materials in English or Spanish?)

_____ _____
(Parish) (City)

Sacraments: Baptism ___ First Communion ___ Reconciliation: ___ Confirmation ___ Matrimony; ___
(Yes or No)

School_____Type of class_____ English or Spanish

City_____Work(shop) _____

Regional Center Client: Yes / No (circle one) City_____

_____ ( ) _____
(Social Worker's name) (Phone number)

_____
(Parents - Father and Mother's first and last names) (Area code and Phone Number)

_____
(Parents address/city/state/zip *if different than residence of person with developmental disability)*

_____
(Name of Group Home Owner/Manager – Please circle) (For emergency use: Phone # and/or Beeper)

Names of brother(s) _____

Sister(s)_____

Important people and relationship: example Bill Uncle – Godparent

_____

_____

_____

_____

Allergies: Yes / No (circle one). If *yes*, what is the allergy_____

Dietary needs (explain)_____

Eating habits to be noted_____

If prone to seizures, type and frequency:_____

Medications: Yes / No (circle one) If *yes*, what is it for _____

1. _____
(Name of medication) (Dosage) (For)

2. _____
(Name of medication) (Dosage) (For)

3. _____
(Name of medication) (Dosage) (For)

Special interests:_____

_____

_____

Additional comments:_____

_____

_____

Submitted by:

_____
(Signature) (Date)

For Office Use Only - Dates:
Access Data Base: _____
Outcome:_____

9/2011