



## Quest Autism Programs Request for Intake Form

Please, complete this form **on a desktop/laptop computer** and return to Quest Autism Programs (QAP). Note that completion of this form may not result in an intake and subsequent placement. We will reach out to the families who are being considered for the opening for further information. Please do not send any additional evaluations, Individualized Education Plans, or reports. We will hold onto this form for one year, then they are discarded, and you must re-apply in future years as new enrollment periods open.

### Individual's personal information:

Last Name:  First Name:

Address:

City:  State:  Zip:

Date of Birth:  Age:

Sex:  Male  Female  Nonbinary

Diagnosis:

### Individual's current residence:

Parent Home

Group Home (specify agency)

Other (specify)

### Individual's current placement:

3-21 School Program:  Graduation Date:

Current Adult Day Program (if applicable):

Other (if applicable):



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### DDD/Medicaid Status:

Is the individual currently Medicaid Eligible?

Yes  No

Is the individual registered with DDD?

Yes  No

### What type of DDD funding does the person have?

- Community Care Waiver:  Tier:
- Supports Program:  Tier:
- N/A—This person is still a student
- None. This person is not registered with DDD

### Parent/Guardian Information:

Parent/Guardian Name:  Relationship:

Home Phone:  Cell Phone:

Email address:

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Home Phone:  Cell Phone:

Email address:



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### Skills & Experience:

Has the individual had experience with applied behavior analysis programming (e.g., schedule following, reinforcement systems, discrete trial teaching and/or behavior management?)

Yes  No

Tell us about the person's language skills. Check all that describe him/her.

- Communicates verbally
- Uses an augmentative communication device or PECS to communicate
- Requests basic wants and needs (e.g., food, drink, restroom)
- Asks for assistance (e.g., help, items missing)
- Answers basic social questions (e.g., name, address)
- Uses polite language (e.g., excuse me, please, thank you)
- Engages in conversational speech (e.g., asks other people questions about themselves, talks about future/past events, makes comments about what people are doing, etc.)

Feel free to include additional comments about the person's communication.

What behavior challenges, if any, does the individual exhibit? (e.g., tantrums, aggressions, stereotypic)



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Tell us about any work or volunteer experience the person has in the community.

Is the individual able to perform tasks in a collaborative setting? Please describe:

### Health/Medical:

What is the individual's diet?  Modified  No Restrictions

If modified, please list restrictions:

Are there any medical or physical concerns/needs. Please list below.

Please list all prescribed medications:



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### Traffic and vehicle safety:

Aware     Unaware     Somewhat aware     Can cross street independently

### Additional Information:

What else would you like us to know about the individual?

How did you hear about Quest Autism Programs?

Referral     Quest Website     Social Media     Other:

Have you attended one of our tours?     Yes     No

**Name of person requesting intake:**

**\*Signature:**

**Date:**

\*If you don't have a digital signature, leave this blank and you can sign during in person interview.

**Please send completed application to:**

[Admissions@questnj.org](mailto:Admissions@questnj.org)

The Quest Autism Programs Inc. does not discriminate on the basis of race, color, national or ethnic origin in gender, race, religion, age, national or ethnic origin, or sexual orientation in its admissions, employment, or the administration of any of its programs.



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### ADULT PROGRAM ADMISSION POLICY

Updated 5/02/2025

It is the goal of Quest Autism Programs Inc. to provide quality services to adults with autism transitioning from an educational program. Parent(s)/guardian(s), at the time of admission, must demonstrate a willingness to be active participants in the program. In addition, the placement must be deemed appropriate by Quest Autism Program Inc. based on the level of intervention required by the prospective participant, taking into consideration the frequency and intensity of problem behavior the individual displays. Services shall not be denied to any person because of race, color, religion, sex, sexual orientation, and national or ethnic origin (Section 504 of the Rehabilitation Act, 1973).

#### Procedures:

1. Interested parents/guardians complete a *Request for Intake* form. Completed forms remain in a database for one year. Interdisciplinary Team members (e.g., support coordinator) may request the form, but it must be completed by a parent or guardian.
2. When an opening becomes available, the admissions team at Quest Autism Programs Inc. will review the intake file to determine appropriate candidates for the opening. Appropriate candidates will be selected using the following criteria:
  - a. Age of the prospective learner.
  - b. Skill level of the prospective learner, including employment/volunteer experience and success using teaching techniques based on ABA.
  - c. Learner's potential benefit from Quest Autism Programs Inc., including the ability to accommodate the learner's problem behavior.
  - d. Admissions team will conduct observations in community, school, and home if appropriate.
3. If records meet criteria for the opening, an interview will be scheduled with the parents/guardians and the candidate. All relevant QAP admissions staff will participate in the intake procedures. The intake decisions are the sole decision of the QAP admissions team.
4. Parents/guardians will be notified as to their status.
5. Upon acceptance, the parents/guardians will notify their Support Coordinator to schedule a meeting to include QAP as a service provider.