



**Healthy Relationships Sign-Up Form**  
Return form to Kathy Kleiser  
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Email: kkleiser@greenedd.org  
Mail/Drop Off: 245 N Valley Rd.; Xenia, OH 45385

**Healthy Relationships Any Adult Tue./Thurs July 9,11,16,18,23,25,30; 5:30-7:00pm**

**Participant Information**

Participant Name \_\_\_\_\_ Participant Phone \_\_\_\_\_

Participant Email \_\_\_\_\_

Participant Current Address \_\_\_\_\_

Participant Gender:      Male      Female      Other \_\_\_\_\_

Pronouns: \_\_\_\_\_

Participant Age \_\_\_\_\_

**Legal Information:** *Please complete for participants 18 years or older. Check all that apply:*

Adult Independent      Adult with Legal Guardian (full or partial)

Adult with Legal Conservator      Adult Dependent Living with family/relatives

Adult Dependent Living independently

Adult Dependent residing in group home

Other \_\_\_\_\_

**Parent/Guardian Information:** *(If applicable)*      I am my own Guardian \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

**Staff Information:** *Please share the name and information of the staff member who is referring the participant and/or can serve as a contact for the participant (if applicable)*

Staff Name & Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Staff Email \_\_\_\_\_ Staff Agency \_\_\_\_\_

**What is the best way to contact the participant ?**

- Contact participant       Contact Parent/Guardian       Contact Staff member
- Other \_\_\_\_\_

**Emergency Contact & Doctor Information**

Name and Relationship to participant \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Participant Primary Doctor Name \_\_\_\_\_

Primary Doctor Phone Number \_\_\_\_\_

**Medical Information:** *If the person participating in the Healthy Relationships' Class has any medical concerns, takes medications, or has allergies—please use the following space to write any information you feel may be relevant to his/her participation in this class.*

\_\_\_\_\_

Individual Learning Needs:

Does the participant communicate verbally?                      Yes                      No

If not, how does he/she communicate?

Is the participant easy to understand if someone is not familiar with him/her?                      Yes                      No

Is the participant able to comprehend what they read or what is read to them?                      Yes                      No

Yes Is he/she able to write words?                      Yes                      No                      Sentences?                      Yes                      No

Is the participant shy with new people?                      Yes                      No

Is he/she able to participate in a group of 5-12 people?                      Yes                      No

Does this individual need                      a lot of demonstrations                      only a couple of demonstrations  
One on one assistance

**Are there any risk factors and/or personal history relating to relationships and sexuality that the facilitators should be aware of?**                      Yes                      No  
If yes,

**Are there any dates that the participant may not be able to attend?** *Please share any scheduling conflicts and dates here:*

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**Additional Information:** *Please write any additional information which might be helpful for curriculum facilitators to have below.*

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**Form Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_