Adult Social Group Applicant Information

*Please complete the **Applicant Contact Form** and Submit with this document.*

Name: _____   Date Completed: _____

Name of Person Completing Form (if different from applicant): _____

Relationship to Applicant: _____

If applicant is not completing the form, please complete from the applicant's perspective.
Please check "myself" or "other" to indicate who has legal decision making ability:

Medical / Healthcare		Financial / Contracts		Guardianship	
○ Myself	○ Other	○ Myself	○ Other	○ Myself	○ Other

If "other" checked for any area – name and contact info: _____
_____

<u>I currently live:</u> ○ with family   ○ in a college dorm   ○ in a group home
○ in an apartment / house   ○ other (describe): _____

<u>I currently am (check all that apply):</u>
○ in school   If in school, where _____
○ working for pay   ○ volunteering   ○ seeking a job
○ other (describe): _____

<u>I have experienced DIFFICULTY with the following (please check ALL that apply to you):</u>
○ anxiety in social situations   ○ making friends   ○ keeping friends
○ getting and staying organized   ○ joining in conversations   ○ reading other's emotions
○ standing up for myself   ○ engaging in "small talk"   ○ making choices
○ predicting how others will   ○ feeling motivated to start a   ○ understanding jokes that
   respond to my actions   task or activity   others seem to "get"
○ staying on topic in   ○ resolving conflict   ○ going with the flow /
   conversation   adapting to change

<u>When it comes to emotions I (please check ALL that apply):</u>
○ find it difficult to express my feelings   ○ become overly emotional for the situation
○ have been accused of not expressing emotion   ○ have trouble understanding others' feelings

<u>Sometimes I – (check any that apply):</u>
○ blurt things out and then regret saying them   ○ become overly emotional for the situation
○ make people laugh without trying   ○ act younger than I really am

<u>I feel (check under the best choice for each row):</u>

	Most of the time	Sometimes	Hardly Ever
Happy			
Angry			
Sad			
Depressed			
Frustrated			

If I could change one thing in my life it would be: _____
_____

How motivated are you (applicant) to participate in a social skills group at this time?
○ very   ○ somewhat   ○ not sure   ○ not at all