

Brenau University School of Health and Science  
Center for Productive Living  
**Application for Individual Program: Rehabilitation Services**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing this form (if not the individual) \_\_\_\_\_

Relationship to Individual:  Parent  Spouse  Partner  Friend  Child  Other: \_\_\_\_\_

Agency Member: (Please indicate the name of the agency: \_\_\_\_\_)

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Best time(s) to reach you: \_\_\_\_\_

\_\_\_\_\_

The purpose of The Brenau University Center for Productive Living is to provide occupational therapy (OT) services to individuals who are unable to access these services. Occupational therapy promotes individual and family health by facilitating engagement in purposeful and meaningful occupations (everyday activities), which hopefully leads to optimal participation in society. Anyone who has barriers to doing activities that he or she wants and needs to do can benefit from occupational therapy services. Services are provided by occupational therapy faculty and students at no monetary cost to the individual.

Based on this description of our services, please describe your reasons for seeking services and what you want us to help with:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate if you have difficulty performing any of the following activities (check all that apply):

Bathing/Showering  Dressing  Eating  Mobility  Hygiene/Grooming  Housekeeping

Care of others (children, aging parents, pets)  Moving around the community  Meal preparation

Managing finances  Maintaining healthy routines  Maintaining Safety  Shopping  Rest/Sleep

Work  Education  Leisure  Socialization

Do you have any precautions or limitations related to doing the activities you have difficulty with? If so, please indicate what these are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your present living situation? (Please include who lives with you) \_\_\_\_\_

Are there any safety concerns regarding your present living situation?  Yes  No. If you answered, "Yes," what are the concerns? \_\_\_\_\_

Do you have a history of aggressive or difficult to handle behavior?  Yes  No. If you answered, "Yes," please describe these behaviors and indicate the last time you exhibited them: \_\_\_\_\_

There is no money payment for The Center for Productive Living services. Please indicate why you are unable to receive occupational therapy services somewhere else: Check all that apply:

- Have no insurance or Medicaid
- Insurance or Medicaid won't cover OT
- I have used up my benefits for OT
- I was discharged from OT
- There are no appropriate OT services available for me within my community

Payment for services is done through a barter system in which individuals and their significant others choose to share their talents with the Program and their community. Please indicate which of the following you or your family member would be willing to do in order to receive services: (Check all that apply):

Guest lecture or teach a skill in a class: Topic(s): \_\_\_\_\_

Volunteer for a class in which students need to practice techniques

Volunteer to be a Community Partner: teach students what it's like to live in the community with my disability, condition, or situation

Provide community service by making items for nonprofit organizations, for example, hats for new babies in the medical center nursery

\_\_\_ Other ideas: \_\_\_\_\_

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Please return this completed form to:

Center for Productive Living  
Brenau University  
500 Washington Street  
Gainesville, GA 30501  
Phone: 678-707-5012  
Fax: 678-707-5015  
E-mail: [runderwood@brenau.edu](mailto:runderwood@brenau.edu)