



Hello Families,

Thank you for your interest in Adult Habilitate Speech and Occupational Therapy services with FRA.

A prescription from a doctor is required to add a habilitative therapy service to a DDD budget. The prescription must include the following four pieces of information:

**Habilitative OT or ST**

**Frequency** (weekly, monthly, etc.)

**Duration** (30 min, 1 hours, etc.)

**Length** (6 months, 1 year, etc.)

After obtaining the prescription from your doctor, please make two copies. Send one copy to your DDD support coordinator and let them know you are interested in habilitative therapy services with FRA. The second copy should be attached to the completed questionnaire in this packet and sent to Alexa DellaMonica-Hassel at [adellamonica@frainc.org](mailto:adellamonica@frainc.org).

Within a week of returning your questionnaire and prescription, you will receive an email confirming receipt. An FRA staff member will then contact you regarding scheduling and adding the service to your DDD budget. Once the DDD budget paperwork is approved, you can begin services.

Thank you,

*Alexis Spektor*

**Alexis Spektor**

*Adult Program Director*

aspektor@frainc.org

## Therapy History and Need Questionnaire

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

Date of Application: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Please be as detailed as possible in answering this form

\_\_\_ Out of /High School for more than 3 years (no need to provide High School information)

Name of High School: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

What best describes the educational placement? (check all that apply)

\_\_\_ 100% inclusion (mainstream classes with no special education support)

\_\_\_ Mainstream placement with special education support in the classroom

\_\_\_ Self-contained classroom (100% of educational programming takes place in a special education classroom).

\_\_\_ Mixed (mainstream class placement with pull-out for some special educational support.  
Please explain:

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### THERAPY REQUEST

What therapies has the applicant received most recently, in the past 3 years? Check all that apply and briefly describe what skills or goals were worked on in therapy.

\_\_\_ NONE

\_\_\_ Speech and Language Therapy (ST) \_\_\_\_\_ How long ago?

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\_\_\_ Occupational Therapy (OT) \_\_\_\_\_ How long ago?

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\_\_\_ Physical Therapy (PT) \_\_\_\_\_ How long ago?  
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\_\_\_\_\_  
\_\_\_\_\_

What therapies are you currently seeking?

\_\_\_ST      \_\_\_OT      \_\_\_PT

Do you have a medical prescription for these services? YES \_\_\_ NO \_\_\_

Please define the needs and what goals are to be worked on. Please be specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Do you have a job? YES \_\_\_ NO \_\_\_

If not, do you believe you will be working in: \_\_\_ 1 year? \_\_\_ 3 years? \_\_\_ 5years?

If so, where do you work?

\_\_\_\_\_

Do you believe you will be working at the same job in: 3 years? Y\_\_\_ N\_\_\_ 5 years? Y\_\_\_ N\_\_\_

What skills do you feel need improvement in order to get/maintain the job?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDEPENDENT LIVING**

What is your current living situation? (i.e. who do you live with?)

\_\_\_\_\_  
\_\_\_\_\_

In the future do you have plans to change your living situation?

\_\_\_ No, I wish to remain in my current home indefinitely.

\_\_\_ Yes, I wish to move in with other family or friends

\_\_\_ Yes, I hope to move into a group living situation

\_\_\_ Yes, I hope to live on my own

Moving forward, what skills do you feel you need in order to change your current living situation?

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Are there skills needed to help you become more independent and to do more on your own?

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Availability: Please list the general times of day (morning, afternoon, evening) you are available next to the days of the week and indicate if you would like services remotely or in person.

<b>Weekday</b>	<b>Availability</b>	<b>Remote</b>	<b>In person</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

# SPEECH & LANGUAGE SERVICES FOR ADULTS

at Family Resource Associates



## WHY SPEECH THERAPY?

Adults with communicative needs can learn techniques to improve interactions with others. Learned skills can be applied to each person's repertoire to improve communication at home, on the job, and in the community. Individual and group therapy offered.

## SERVICES OFFERED

- Verbal expression (speaking) & auditory comprehension/processing (understanding speech)
- Speech articulation
- Voice
- Stuttering
- Pragmatics (understanding the non-literal aspects of speech/inferencing based on the context of conversation)
- Functional communication in the community
- Job related communication skills



# OCCUPATIONAL THERAPY SERVICES FOR ADULTS

at Family Resource Associates



## WHAT IS OT?

OT is an evidence-based practice that helps individuals across the lifespan to do the things they *want* and *need* to do. OT practitioners enable individuals of all ages to live life to its fullest by helping to promote health, and prevent—or maximize independence to live optimally with—injury, illness, or disAbility.

*-Modified from the American OT Association*

## INDIVIDUAL SERVICES

Individuals can receive OT evaluations to develop client-centered goals with customized intervention plans including, but not limited to, the following areas:

- Independent living skills (i.e., money management, grocery shopping, self care)
- Home or activity modifications
- Stress management
- Thinking skills
- Strengthening and endurance
- Coordination & balance



## GROUP SERVICES

Groups will be developed based on client and community needs. Groups may include, but are not limited to, the following topics:

- Community mobility
- Social skills
- Time management & organization
- Healthy habits & routines
- Therapeutic meal prep
- Self advocacy
- Leisure exploration
- Sensory

***& much more based on client & community needs!***

***& much more based specifically on client needs!***