

Care Warriors Inc.  
Participant Information Form



Participants Name: \_\_\_\_\_  
First MI Last Preferred First Name

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

Resources Requested: \_\_\_\_\_  
\_\_\_\_\_

Do you have a Guardian: \_\_\_ Yes \_\_\_ No

Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

## About the Participant

Participant has difficulty with **Social Interaction**.

Participant has the following **Behavioral Challenges**

Participant requires the following **Special Accommodations**

Accommodations, Additional Information, Comments:

# Carewarriorsinc.org

## PHOTO/LIKENESS RELEASE FORM

I, \_\_\_\_\_, hereby allow Care Warriors Inc. to utilize my photo or likeness for purposes of marketing and/or social media, or the like. I understand that my photo or likeness may be used online. By signing below, I acknowledge Care Warriors Inc. commitment that no photo of me will ever be used, by in an exploitative or inappropriate manner and shall not be shared with other agencies or organizations without prior consent.

Printed Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If minor, name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_