



*To qualify for Rebecca's Rooms, an applicant must be considered as having a "significant cognitive disability", as determined by their physician or school IEP plan.*

Child's Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rent or own home? \_\_\_\_\_

### Questions about your child

1. What is your child's main diagnosis?

\_\_\_\_\_

2. Describe your child's disability:

\_\_\_\_\_

3. Can your child walk? Yes \_\_\_ No \_\_\_ If not, does he/she use a wheelchair? Yes \_\_\_ No \_\_\_

4. Can your child speak? Yes \_\_\_ No \_\_\_ If not, how do you communicate with her/him?

\_\_\_\_\_

5. Does your child have seizures? Yes \_\_\_ No \_\_\_

6. Does your child receive therapy services? Yes \_\_\_ No \_\_\_ If so, what kind?

\_\_\_\_\_

7. Name of child's doctors and/or therapists?

\_\_\_\_\_

8. Does your child attend school? Yes \_\_\_ No \_\_\_ If so, what grade or class? \_\_\_\_\_

### Your child's likes and dislikes

1. What is your child's favorite activity?

\_\_\_\_\_

2. What is your child's favorite cartoon/TV character?

\_\_\_\_\_

3. What is your child's favorite color? \_\_\_\_\_
4. Is there anything that seems to over stimulate your child? Yes \_\_\_ No \_\_\_ If so, what?  
\_\_\_\_\_
  
5. Is there anything that is particularly soothing to your child? Yes \_\_\_ No \_\_\_ If so, what?  
\_\_\_\_\_
6. Describe a typical day for your child. Include any routines that you do every day.  
\_\_\_\_\_  
\_\_\_\_\_
7. Please share any other information about your child that you believe would be helpful.  
\_\_\_\_\_  
\_\_\_\_\_
8. Can your child tolerate strangers that they are not familiar with? Yes \_\_\_ No \_\_\_

**Parents Input**

1. Give us ideas of how you would like your child's room decorated.  
\_\_\_\_\_  
\_\_\_\_\_
2. Is there a color/theme that you not want used in your child's room?  
\_\_\_\_\_
3. What are the dimensions of the room? \_\_\_\_\_
4. Give us any other information that you would like to share with us regarding redecorating/redesigning your child's room.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return application to:

Rebecca's Rooms  
1210 Pate Road  
West Point, MS 39773

If you have questions or concerns, please contact:

Reid Carter 662.251.0627  
Denene Carter 662.549.4286  
Bruce Cyr 662-251-9300  
Melissa Kellum 662.251.3276

Rebecca's Rooms does not discriminate on the basis of race, sex, national origin, or disability. Rebecca's Rooms will not share your information with anyone without prior written permission.