



Aphasia
Community
Center

P.O. Box 693
Sarasota, FL 34230
(941) 500 – 4748

Application please print

Name: _____ Today's Date _____

Date of Birth: _____ Nickname or preferred name _____

Florida Address: Circle one PERMANENT SEASONAL (List dates in FL) _____

FL Address: _____

Home Phone _____ Cell Phone _____

Other Address: _____

E-Mail _____

Emergency Contact Name: _____ Phone _____

Do you live alone? YES NO.....Who do you live with? List names and relationship:

Is English your native/first language? YES NO Other Language(s) Spoken: _____

Education: Highest grade/degree completed _____

Were you employed at the time of your stroke/aphasia onset? YES NO Retired? YES NO

Occupation _____ Workplace Name _____

Past Occupations

Are you on a special diet? NO YES (List special here) _____

Swallowing Difficulty? (If yes, describe) _____

List food and environmental allergies: _____

Medical History Aphasias Onset Date: ____/____/____

Medical Diagnosis associated with Aphasia: STROKE OTHER _____

Diabetes? NO YES Dementia? NO YES Mental Illness? NO YES

Other Medical Diagnoses: _____

Handedness Prior to aphasia: RIGHT LEFT

After aphasia onset: RIGHT LEFT

Vision Do you wear...

eyeglasses for reading? YES NO contact lenses? YES NO

eyeglasses for distance? YES NO

Do you have visual field loss? NO

YES right left tunnel vision

Hearing Do you have a hearing loss? NO YES

Do you wear a hearing aid? NO

YES right ear left ear both ears

Do you have a cochlear implant? NO YES

Mobility Do you use a.....Wheelchair? YES NO

Cane? YES NO

Walker? YES NO

Leg Brace? LEFT RIGHT

How far can you walk independently? 100 yards+ or other _____
(write number of feet or yards)

Do you need assistance to **Stand**? YES NO

Do you need assistance with **Transfers**? (e.g., getting out of car, moving from sofa to chair) YES NO

Do you need assistance with **Toileting**? YES NO

Communication Devices Do you use a device to assist with communication? NO YES
(describe) _____

History of Speech-Language Therapy (list all recent and remote SLP services received)

Location (Facility Name, City/State) Dates Speech-Language Pathologist (SLP) Name

Location (Facility Name, City/State)	Dates	Speech-Language Pathologist (SLP) Name

Does the applicant have any behavioral, emotional, attention/concentration, memory, impulsivity, sleepiness, or other conditions/concerns that might impact attendance and/or participation? NO YES (please list and describe) _____

Communication Questionnaire: Let us know your strengths and challenges.

Understanding Speech: NO PROBLEM or

DESCRIBE PROBLEM....What strategies/techniques are helpful?

Reading: NO PROBLEM or

DESCRIBE PROBLEM....What strategies/techniques are helpful?

Speaking: NO PROBLEM or

DESCRIBE PROBLEM....What strategies/techniques are helpful?

Writing: NO PROBLEM or

DESCRIBE PROBLEM....What strategies/techniques are helpful?

What would you like to achieve during participation at the Aphasia Community Center?

What hobbies and activities do you enjoy?

What else should we know about you or your communication?

I have read the program eligibility information, and the information I provided is accurate.

Signature of Applicant: _____ Date _____

Applicant's Name (Print) : _____

Do you have a legal guardian? NO

YES....Name of Guardian _____

Name of Person Completing This Form: _____

Relationship to Applicant: _____

Thank you for completing this form.
We will contact you to schedule an interview.

Please mail this form to:
Aphasia Community Center
P.O. Box 693, Sarasota, FL 34230-0693

OR...Please scan this form & e-mail as attachment to: aphasiacommunitycenter@gmail.com



What is Aphasia?

Aphasia is a loss of language due to injury to the brain. Stroke is the most common cause of aphasia in adults; although, aphasia may result from a traumatic brain injury, tumor, disease or neurological condition. Aphasia affects the ability to communicate and disrupts one (but often more than one) language modalities: speaking, writing, reading, understanding spoken language, or gestural communication. There are approximately 400,000 strokes a year in the U.S. and 90,000 of these result in aphasia. More than two million people in the U.S. have aphasia according to the National Aphasia Association. <https://www.aphasia.org/>

There is no cure For Aphasia and the impact of Aphasia often affects a person for their entire life.

Good news....prognosis for improvement in aphasia after stroke is typically good for persons who are medically stable and generally in good health to participate in speech/language therapy and stimulating communication activities at home and in the community.

Improvements in communication after stroke require much practice over a long period of time. Communication improvements are often seen for 10 years and longer after the onset of aphasia.

Because aphasia limits successful communication, aphasia impacts daily living in many ways: relationships, work, recreation, and family life. Many feel the isolation associated with communication disability.

APHASIA COMMUNITY CENTER (ACC): Eligibility for membership

Participants must be adults with aphasia after stroke*;
medically stable to participate in a community-based program;
independent in eating and toileting (or accompanied by a care provider who is responsible for toileting the member, and providing assistance during eating and other physical activities of daily living);
cognitively and physically able to participate in a full hour or more of group program activities;
safely and actively participate at the ACC; and
participants and their supporters must demonstrate appropriate behaviors without disruptions to others.

Participants may range in aphasia severity from very minimal to severe.

Participants typically have chronic aphasia (greater than 6 months after aphasia onset).

A potential participant is encouraged to maximize the use of his/her medical insurance benefits for skilled speech-language therapy services before ACC participation.

*Persons with other causes of aphasia including primary progressive aphasia or those with co-existing dementia are considered on a case-by-case basis.