

# Artist Profile

Artist Name:	_____	_____	Gender:	M	F
	<i>First</i>	<i>Last</i>			
Mailing Address:	_____	_____	_____	_____	
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Telephone:	_____	_____	Age:	_____	
	<i>Home</i>	<i>Cell</i>			
Email:	_____	_____	Birth Date:	_____	
Billing Address:	_____	_____	_____	_____	
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

Guardian:	_____	_____
	<i>Name</i>	<i>Relationship</i>
	_____	_____
	<i>Phone</i>	<i>Cell</i>
Other Advocate:	_____	_____
	<i>Name</i>	<i>Relationship</i>
	_____	_____
	<i>Phone</i>	<i>Cell</i>
Transportation Service:	_____	_____
	<i>Co:</i>	<i>Driver Name</i>
	_____	_____
	<i>Co. Phone:</i>	<i>Driver Phone</i>
	_____	_____
	<i>Co. Fax:</i>	<i>Co. Email:</i>
Additional Emergency Contact	_____	_____
	<i>Name</i>	<i>Relationship</i>
	_____	_____
	<i>Phone</i>	<i>Cell</i>
Additional Emergency Contact	_____	_____
	<i>Name</i>	<i>Relationship</i>
	_____	_____
	<i>Phone</i>	<i>Cell</i>

Bio: \_\_\_\_\_

*Please provide information about the disability you are living with. Include any diagnosis and date of onset.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Community:

Recreation & Interests: \_\_\_\_\_

Work/School: \_\_\_\_\_

Family: \_\_\_\_\_

Art Experiences: \_\_\_\_\_

Inventory for Accommodations and Special Considerations:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> sight, vision             | <input type="checkbox"/> mood                 | <input type="checkbox"/> medication assistance       |
| <input type="checkbox"/> hearing/sound sensitivity | <input type="checkbox"/> managing anger       | <input type="checkbox"/> diet restrictions           |
| <input type="checkbox"/> managing emotions         | <input type="checkbox"/> mobility             | <input type="checkbox"/> allergies (food, material,  |
| <input type="checkbox"/> communication             | <input type="checkbox"/> potential to wander  | <input type="checkbox"/> medications, environmental) |
| <input type="checkbox"/> processing information    | <input type="checkbox"/> concentration/focus  |  |
| <input type="checkbox"/> restroom assistance       | <input type="checkbox"/> managing frustration |  |

How can we be helpful? \_\_\_\_\_

Bringing a personal assistant/care provider to class? Yes No If so, who? \_\_\_\_\_

History of seizures? Yes No Any seizures in the past 6 months? Yes No

Currently on medication to prevent seizures? Yes No

Do you ever have verbal or physical outbursts? Yes No Explain.

Any chronic medical or physical problems with special instructions? Yes No Explain.

Environment preferred: **Very Quiet** or **Moderate Noise** Prefer to work: **Alone** or **With others nearby**

Is there any way we can be especially helpful to you during your artistic experiences here?

Release Form

The undersigned artist and/or guardian/conservator hereby gives permission to Paint a Miracle to photograph and/or video the artist and/or their work for publication in newspapers, magazines, online or any other written material, or for the use on radio, television, or for exhibit.

If the artist's artwork or any prints of the artist's work are sold, Paint a Miracle will first deduct the cost of framing and/or reproduction. Any remaining proceeds will be distributed equally between the artist and Paint a Miracle. Any such proceeds received by Paint a Miracle will be used to support its mission. To the extent Paint a Miracle selects one of the artists' work to reproduce for a note card artist agrees that any proceeds from the date of such note cards will be used to support PAM's programs.

Signature of Artist

Date:

Signature of Guardian

Date: