



What is Aphasia?

Welcome! 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. One or more language modalities are affected: 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, but speech-language therapy and communicating with others can help improve communication and reduce feelings of isolation for persons with aphasia and co-survivors.

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.

Because aphasia limits successful communication, aphasia impacts daily living in many ways: relationships, work, recreation, and family life.

Eligibility for participation in Aphasia Community Center sessions

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 activities of daily living;
cognitively and physically able to participate in group programs for a full hour or more;
and safely and actively participate at the ACC.

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).

*Persons with other causes of aphasia including primary progressive aphasia or those with co-existing dementia are typically not eligible for membership, but are encouraged to participate in the Suncoast Aphasia Support Group and social activities and events offered in our aphasia community.



Aphasia
Community
Center

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

**Member
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 _____

Emergency Contact E-Mail: _____

Do you live alone? YES If NO, who do you live with? List names and relationship:

Is English your native/first language? YES NO

What other languages do you speak? _____

Education: Highest grade/degree completed _____

Medical History

Aphasia Onset Date: ____/____/____

Is your aphasia related to a stroke? YES If no, what caused your aphasia?) _____

Do you have a history of ...

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

Seizures: NO YES Other Medical Diagnoses? _____

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) _____

What hobbies and activities do you enjoy? _____

Handedness Prior to aphasia: RIGHT LEFT

After aphasia onset, are you able to use your dominant hand to write? YES NO

Mobility Do you use a **wheelchair**? YES NO **Cane**? YES NO **Walker**? YES NO
Can you walk everywhere without assistance? YES NO
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) _____

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

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

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