

Application for Services

Legal Name: _____

Date of Application: _____

Mailing Address: _____

Desired Start Date: _____

Desired Program Hours: _____ per week

Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____

Type of Service: Community Access _____

Employment _____

Telephone Number: _____

Date of Birth: _____
Day Month Year

S.I.N. _____

Health Care Number: _____

Medical Services Number: _____

Band: _____

Band Number: _____

Treaty Number: _____

Residential Care Provider:

Name of Organization: _____

Contact: _____

Telephone Number: _____

Cell Phone Number: _____

Address: _____

E-Mail Address: _____

Guardianship Information

Is the applicant an independent adult? _____ If the answer is no please complete the following section. (Note: a copy of applicable Guardianship Order must be filed with the Agency prior to the commencement of services)

Guardian: _____

Telephone Number: _____

Cell phone Number: _____

Address: _____

E-Mail Address: _____

Relationship: _____

Emergency Contact: _____

Telephone Number: _____

Cell phone Number: _____

Address: _____

E-Mail Address: _____

Relationship: _____

Trusteeship Information

Trustee: _____

Telephone Number: _____

Address: _____

Nature of Disability

Diagnosis: _____

Overview and/or general perceptions/comments of the disability: _____

Medical Information (please list all applicable information)

Name of Doctor: _____

Telephone Number: _____

Medication	Dosage	Time of Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the applicant capable of self-administration of these medications? _____

Allergies: _____

Dietary Restrictions: _____

Ongoing Chronic/Medical Conditions: (Describe physical signs, frequency, recommended treatment method) _____

Past Accidents, Serious Illness/Injuries, Operations, Hospitalizations: _____

Medical/Physical Limitations: _____

List Assistive Technical Devices Used or Required: _____

Communication

What is the communication ability of the applicant? _____

Can the applicant read? _____ At what level? _____

Can the applicant write? _____ At what level? _____

Traits/Characteristics

Please rate the individual in the following areas:

	Low	1	2	3	4	5	High
Positive attitude		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positive motivation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Positive interaction with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds appropriately to correction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds appropriately to direction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate grooming		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending to tasks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Describe any traits, activities, behaviours that may affect the individual's relationship with others.

Behavioural Information

Is there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain. _____

Has the applicant ever been part of a Behavioural Support Program? If yes, please explain the reason(s): _____

How does the applicant perceive himself/herself? _____

How does the applicant express feelings? _____

What situations can influence the applicant's mood/behavior? (positively or negatively) _____

Leisure Pursuits

What activities has the applicant enjoyed in the past/present? _____

What activities would the applicant like to pursue? _____

Past Service History

Please give a brief overview in the following service areas.

Education: _____

Residential: _____

Day Program: _____

Type of supports utilized: (e.g. Specialized, 1-1) _____

Circle of Support (please list the names and relationship to the applicant of any individuals who are important and supportive in the life of the applicant)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

Community Connections (list sites of past employment/volunteer sites and/or individuals where there may have been favourable connections i.e. church/group association)

<u>What/Who</u>	<u>Connection</u>
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

Signatures

Applicant

Date

Guardian (If Applicable)

Date

