



Community Living Burlington Fee for Service Application

PERSONAL INFORMATION (for the person attending the program)

Last Name: _____ First Name: _____

Middle name(s): _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: (not caregivers) _____

Email address: (not caregivers) _____ Gender: Male Female

Marital Status: _____ Ethnicity: _____

Height: _____ Weight: _____ Eye Colour: _____ Complexion: _____

Hair Colour: _____ Hair Style: _____ Facial Hair: _____

Teeth (own, dentures): _____ Glasses: _____ General Appearance: _____

Form of Communication (verbal, sign language): _____

Identifying Characteristics (scar, birth mark, etc): _____

Health Card #: _____ ODSP#: _____

Aboriginal Status: Yes No SIN #: _____

LIVING ARRANGEMENTS:

with family group living independent other Specify: _____

DIAGNOSIS: (Autism, Down Syndrome, Cerebral Palsy)

Please check if applicable:

Physical Disability: Specify: _____

Visual Impairment: Specify: _____

Hearing impairment: Specify: _____

Other: Specify: _____



Community Living Burlington Fee for Service Application

AIDS/ASSISTANCE

Does this person utilize any of the following?

- Communication aids
 Hearing aids
 Visual aids
 Mobility aids
 Feeding assistance

Please specify: _____

TRANSPORTATION the person utilizes the following methods of transportation;

- Agency transportation(van)
 Public transit (bus, handivan)
 Transported by family
 Taxi
 Taxi account code(if applicable): _____
 Other

Please Specify: _____

MEDICAL

Physician: _____ **Phone #:** _____

Address: _____

Dentist: _____ **Phone #:** _____

Address: _____

Other Important Medical Specialists and Supports: (heart specialist, psychiatrist, foot care, dietitian)

Name:	Specialty: (cardiologist, psychiatrist, ENT, foot care, neurologist, GI, urologist)	Phone #:

Personal Health/Medical Conditions: (Asthma, dementia/Alzheimer's, diabetes, cancer, heart disease, mental health etc.)



Community Living Burlington Fee for Service Application

MEDICATIONS

Is prescribed medication required during the hours you attend the program & how are they administered?

- Yes, receives medication with staff support (mar sheet/identified list provided)
- Yes, self-administers medications independently
- No, receives no medication at CLB programs

If yes, please list below:

Medication	Dosage	Time(s) taken

Please list any side effects, or anything that may affect the medication: _____

EPILEPSY/SEIZURES

Do you have epilepsy/seizures? Yes No

If yes, what type: _____

Please describe a typical seizure: _____

Duration: _____ Frequency: _____

Any precipitating or aggravating factors? _____

Do you experience a loss of consciousness? Yes No

Do you sleep after a seizure? Yes No



Community Living Burlington Fee for Service Application

Under what circumstances should parent/guardian and/or ambulance be contacted?

ALLERGIES

Do you have allergies? Yes None known

If yes, what are they? _____

Please describe the reaction: _____

Under what circumstances should parent/guardian and/or ambulance be contacted?

MEAL TIME

Food allergies: _____

Special diet/dietary restrictions according to religious beliefs? _____

Preferred foods (please list): _____

Dislikes (please list): _____

Are you right or left handed? R - Right handed L - Left handed

Please check any that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Semi-independent | <input type="checkbox"/> Needs total assistance |
| <input type="checkbox"/> Holds spoon/fork | <input type="checkbox"/> Drinks from cup | <input type="checkbox"/> Drinks from straw |

Additional comments (routines, special instructions): _____



Community Living Burlington Fee for Service Application

PERSONAL HYGIENE

Please comment on menstruation, if applicable: _____

Do you need to brush your teeth during the day? Yes No

Please describe this routine (independent, prompts): _____

SOCIAL

Please check where appropriate:

Relate well to others
Shy

Afraid of new people/places
Outgoing

How do you interact with others? (leader, shy, compatibility issues):

Are there any methods/procedures currently used to help with socialization?

RECREATIONAL ACTIVITIES

Please list - music, songs, games, day trips, video games:

Likes: _____

Dislikes: _____

Do you enjoy watching movies, TV, or videos? Yes No

What type of movie? _____

What is your favourite activity/pastime? _____



Community Living Burlington Fee for Service Application

SWIMMING

Do you enjoy swimming? Yes No

Are you able to swim?

Deep end Diving board Head under water Water Slide

RECREATIONAL SKILLS

Check where assistance is required:

<input type="checkbox"/> Throw a ball	<input type="checkbox"/> Catch a ball	<input type="checkbox"/> Scissors
<input type="checkbox"/> Baseball bat	<input type="checkbox"/> Kick a ball	<input type="checkbox"/> Painting/drawing
<input type="checkbox"/> Racquet sports	<input type="checkbox"/> Basketball	<input type="checkbox"/> Crafts

Any other comments? _____

MOTOR SKILLS

Please check activities done **independently**:

<input type="checkbox"/> Sit	<input type="checkbox"/> Climb stairs	<input type="checkbox"/> Walk far distance	<input type="checkbox"/> Sit in movie theatre
<input type="checkbox"/> Stand	<input type="checkbox"/> Sports	<input type="checkbox"/> On/off bus	<input type="checkbox"/> Roller Blade or Skate
<input type="checkbox"/> Run	<input type="checkbox"/> Bike riding	<input type="checkbox"/> Use transit system	

Any other comments: _____

Do you use a wheelchair at any time? Yes No

Do you require a rest period at any time? Yes No

Comments: _____

COMMUNICATION

<input type="checkbox"/> Understands complex instructions	<input type="checkbox"/> Able to follow simple directions
<input type="checkbox"/> Non-verbal, uses sounds only	<input type="checkbox"/> Uses sign language
<input type="checkbox"/> Uses words	<input type="checkbox"/> Uses Bliss board

Comments (please list signs/words, possible meaning of sounds used to communicate):



Community Living Burlington Fee for Service Application

MONEY

Please check where appropriate:

- Understands concept of money
- Requires assistance

Able to make own purchases

Comments:

BEHAVIOUR

Does this person have a Behaviour Support Plan? Yes No

Is the Behaviour Support Plan attached to this application? Yes No
(plan must be provided in order for this person to attend a CLB Day Program)

Behavioural Traits the person exhibit the following behavioural traits;

- Physical Aggression
- Property Damage
- Wandering/Elopement
- Injures self
- Inappropriate sexual behaviour

Please Specify: _____

Would this person have any behavioural concerns during various activities? Yes No
(i.e. movie theatres, swimming, nature walks, day trips, etc.)

If yes, please describe what they might look like & how to best support you at these times:

Is there anything that may trigger any behaviours? Yes No
(i.e. Too much excitement, crowds, foods, witnessing someone upset)

If yes, please be as specific as possible and include any precipitating behaviours/warning signs:



Community Living Burlington Fee for Service Application

What is rewarding for you (i.e. verbal praise, smile, etc.)?

Do you ever wander?

Yes No

If yes, under what circumstances and in what locations (malls, theatres)?

Are there any times when you require more supervision?

Yes No

If yes, please describe the level of support required and under what circumstances:

Can you be left alone for short periods?

Yes No

Do you need frequent reminders to stay with the group?

Yes No

Do you have safety awareness skills?

Yes No

Please describe:

Do you know how to use a telephone?

Yes No

Do you have any fears or anxieties regarding places, people, activities, noises, events, etc?

Yes No

If yes, please describe:



Community Living Burlington Fee for Service Application

SUPERVISION/LEVEL OF SUPPORT

People who are supported by Community Living Burlington in the Residential, Supported Independent Living, Supported Employment, ARC and Day Programs require a rating determining their level of independence. The rating will be either A, B or C. The following is the criteria for each. Please mark a (✓) in the box that applies.

A (no supervision)

The person is deemed to be independent. This means that they can travel within the community without support, can be left alone in their home or day program location for undetermined time periods without support and can leave their area(s) without support. They are independent in road safety and present no danger to themselves or others when they are in the community without support. In order to determine their level, supporting documentation such as road safety training, public transit training, kitchen safety, calling 911, letters from families, etc. should be available in their IIB.

B (semi-independent)

The person is deemed to be semi-independent. They can be left alone for periods of time, but there will be limitations. The limitations will be clearly identified and agreed to by all service areas supporting this person and also by their family. They may also have some level of independence in the community, but again this must be clearly documented and agreed to by all parties. There must be supporting documentation to verify that this person has achieved some level of independence, (this could include; road safety training, kitchen safety, calling 911, letters from families, etc.)

C (requires supervision)

This person is not to be left in any service area unsupported and cannot be left in the community unsupervised. They cannot travel independently and the reasons for this must be clearly identified and agreed to by all parties.

Daily Living Support: _____

Safety Requirement: _____

If this person has eloped in the past where were they found?

What interests does this person have that may help locate them in the event they are missing?



Community Living Burlington Fee for Service Application

Any other pertinent information:

EXPECTATIONS

What are your expectations & goals for your involvement with the program?

NEXT OF KIN # 1 (will be contacted first in case of emergency):

Name: _____

Relationship: Mother Father other Specify _____

Indicate if this person's address is the same as the one listed above, if not complete below.

Address: _____

City/Province: _____ Postal Code: _____

Home Phone #: _____ Work #: _____

Cell #: _____ Email _____

NEXT OF KIN # 2 (will be contacted second in case of emergency):

Name: _____

Relationship: Mother Father other Specify _____

Address: _____

City/Province: _____ Postal Code: _____

Home Phone #: _____ Work #: _____

Cell #: _____ Email _____

Indicate if this person's address is the same as the one listed above, if not complete below.



Community Living Burlington Fee for Service Application

EMERGENCY CONTACT [not primary caregiver listed above]

(only contacted if next of kin cannot be reached):

Name: _____

Relationship: _____

Address: _____

Phone #: _____

City/Province: _____

Work #: _____

Postal Code: _____

Cell #: _____

Email address: _____

Participant Signature

Date

Form Completed by

Date

Relationship (parent, staff)

Items below to be completed by CLB Staff/Program Supervisor

Start Date or Move in Date at CLB? _____

Photo provided for ShareVision? Yes

No