<u>Applicati</u>	on for Services		
Legal Name:	Date of Application:		
	Desired Start Date:		
Mailing Address:	<u>Desired</u> Program Hours: per week		
	Mon: Tues: Wed:_		
	Thurs: Fri:		
	Type of Service: Community Access Employment		
Telephone Number:			
Date of Birth:	S.I.N		
Day Month Year			
lealth Care Number:	Medical Services Number:		
Band:	Band Number:		
Freaty Number:			
Residential Care Provider:			
Name of Organization:			
Contact:	Telephone Number:		
	Cell Phone Number:		
Address:	E-Mail Address:		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh	f the answer is <u>no</u> please complete the following		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services)	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services)	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number:		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services) Guardian:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services) Guardian:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: <u></u> Cell phone Number:		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services) Guardian: Address:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: <u></u> Cell phone Number: E-Mail Address: <u></u> Relationship: <u></u>		
Guardianship Information Section. (Note: a copy of applicable Guardiansh commencement of services) Guardian:Address:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: Cell phone Number: E-Mail Address: Relationship: Telephone Number:		
Guardianship Information s the applicant an independent adult?I section. (Note: a copy of applicable Guardiansh commencement of services) Guardian: Address: Emergency Contact:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: <u></u> Cell phone Number: E-Mail Address: <u></u> Relationship: <u></u>		
Guardianship Information Section. (Note: a copy of applicable Guardiansh commencement of services) Guardian: Address: Emergency Contact:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: Cell phone Number: E-Mail Address: Relationship: Telephone Number: Cell phone Number:		
Guardianship Information         s the applicant an independent adult?I         section. (Note: a copy of applicable Guardiansh         commencement of services)         Guardian:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: Cell phone Number: E-Mail Address: Relationship: Telephone Number: Cell phone Number: E-Mail Address:		
Guardianship Information         Is the applicant an independent adult?I         section. (Note: a copy of applicable Guardiansh         commencement of services)         Guardian:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: Cell phone Number: E-Mail Address: Relationship: Telephone Number: Cell phone Number: E-Mail Address: Relationship:		
Guardianship Information  Is the applicant an independent adult?I  section. (Note: a copy of applicable Guardiansh commencement of services)  Guardian: Address: Emergency Contact: Address:	f the answer is <u>no</u> please complete the following ip Order must be filed with the Agency prior to Telephone Number: Cell phone Number: E-Mail Address: Relationship: Telephone Number: Cell phone Number: E-Mail Address:		

## Nature of Disability

Diagnosis:		
Overview and/or general	perceptions/comments of the disa	ability:
Medical Information (pl	lease list all applicable informat	tion)
Name of Doctor:	Tele	phone Number:
Medication	Dosage	Time of Administration
Is the applicant capable o	f self-administration of these med	
Allergies:		
Dietary Restrictions:		
Ongoing Chronic/Medical	<b>Conditions:</b> (Describe physical signs, freq	uency, recommended treatment method)
Past Accidents, Serious Ill	ness/Injuries, Operations, Hospita	lizations:
Medical/Physical Limitatio	ons:	
	wices llood or Permitted	
	wices used of Required:	

## **Communication**

Can the applicant read? At what level?   Traits/Characteristics   Prositive individual in the following areas:   Positive attitude   Positive attitude   Positive motivation	What is the communication ability of th	ie applicant?
Can the applicant write? At what level?   Traits/Characteristics Please rate the individual in the following areas:   Positive attitude Describe any traits of the following areas:   Positive interaction with others Describe any traits, activities, behaviours that may affect the individual's relationship with others.   Describe any traits, activities, behaviours that may affect the individual's relationship with others.   Behavioural Information   Sthere any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain the eason(s):   Has the applicant ever been part of a Behavioural Support Program? If yes, please explain the eason(s):   How does the applicant perceive himself/herself?	Can the applicant read?	At what level?
Please rate the individual in the following areas:  Low 1 Z 3 4 5 High Positive attitude Positive motivation Positive interaction with others Positive interaction Positive applicant ever been part of a Behavioural Support Program? If yes, please explain the Positive applicant ever been part of a Behavioural Support Program? If yes, please explain the Positive applicant ever been part of a Behavioural Support Program? If yes, please explain the Positive applicant ever been part of a Behavioural Support Program? If yes, please explain the Positive		
Low 1 2 3 4 5 High         Positive attitude         Positive motivation         Dositive interaction with others         Responds appropriately to correction         Responds appropriately to direction         Responds appropriately to direction <td>raits/Characteristics</td> <td></td>	raits/Characteristics	
Positive attitude Positive attitude Positive motivation Positive interaction with others Responds appropriately to correction Responds appropriately to direction Responds appropriate grooming Responds	Please rate the individual in the following	ng areas:
Appropriate you correction Positive interaction with others Positive interaction Positive grooming Positive grooming Positive grooming Positive any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual's relationship with others. Poscribe any traits, activities, behaviours that may affect the individual traits, activities, behaviours that may affect the individual traits, activities, behaviours that may affect the individual traits, activities, behaviours, act		_
Autending to tasks  Describe any traits, activities, behaviours that may affect the individual's relationship with others.  Behavioural Information  s 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 eason(s):  How does the applicant perceive himself/herself?  How does the applicant express feelings?		
Responds appropriately to correction   Responds appropriately to direction   Appropriate grooming   Appropriate grooming   Attending to tasks    Describe any traits, activities, behaviours that may affect the individual's relationship with others.      Behavioural Information  S 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 eason(s):      How does the applicant perceive himself/herself?  How does the applicant express feelings?		
Responds appropriately to direction   Appropriate grooming   Attending to tasks   Describe any traits, activities, behaviours that may affect the individual's relationship with others. Behavioural Information Section and the section and		
Appropriate grooming   Attending to tasks   Describe any traits, activities, behaviours that may affect the individual's relationship with others. Behavioural Information Sethere 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 eason(s): How does the applicant perceive himself/herself? How does the applicant express feelings?		
Attending to tasks		
Describe any traits, activities, behaviours that may affect the individual's relationship with others.  Behavioural Information s 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 eason(s):  How does the applicant perceive himself/herself?  How does the applicant express feelings?		
Behavioural Information         s there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain.         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?		
Behavioural Information         s there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain	Describe any traits, activities, behaviou	rs that may affect the individual's relationship with others.
Behavioural Information         s there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain		
Behavioural Information         s there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain		
Behavioural Information         s there any history of violent, threatening, unlawful, sexual, or suicidal behavior? If Yes, please explain		
The ason(s):		-
The ason(s):		
The ason(s):		
The ason(s):		
low does the applicant express feelings?		
low does the applicant express feelings?		
low does the applicant express feelings?		
	low does the applicant perceive himse	it/herselt?
What situations can influence the applicant's mood/behavior? (positively or negatively)	low does the applicant express feeling	s?
	What situations can influence the appli	cant'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?				
<u>Past Service History</u> Please give a brief overview in the following service Education:				
Residential:				
Day Program:				
Type of supports utilized: (e.g. Specialized, 1-1)				
<u>Circle of Support</u> (please list the names and relati important and supportive in the life of the applicar				
<u>Name</u>	<u>Relationship</u>			
<u>Community Connections</u> (list sites of past employ there may have been favourable connections i.e. c	-			
What/Who	Connection			
Comments:				
<u>Signatures</u>				
Applicant	Date			
Guardian (If Applicable)	Date			

## Agency Use Only

Horizons Centre Approval (as per Executive Director):	🗆 Yes	i 🗆 No	
Resource Team Approval (P.D.D. and Horizons Centre): (If yes please fill out information below)	□ Yes	5 🗆 No	
Official Start Date:			
Program Hours/Week:			
	Ved:		
Thurs: Fri:			
Type of Service (Hours/Week): Community Access Employment Prep Employment Supp Comments:	). (2010) <u></u> ports (2020) <u></u>	)	
<u>Signatures:</u>			
Program Director		Date	
Executive Director		Date	