



c/o W.P. Industry Centre
RR#1 Alberton, PE C0B1B0
P:(902)853-3944
F:(902)853-2396
E:communityinclusionsltd
@hotmail.com
W:communityinclusions.com

Dear Applicant:

Attached you will find a copy of the Community Inclusions *Request For Service* form. The purpose of this form is to provide us with some general information.

Please take your time completing this form and answer each question or section as thoroughly as possible. The more detailed the information you provide, the better it will assist us in reviewing your request and providing proper follow-up.

All completed *Request For Service* forms should be forwarded to the attention of the Executive Director at the above address. The Executive Director will coordinate any necessary follow-up which **may** include an interview with the applicant and their family.

Should you require any assistance in this process you are encouraged to contact the main office in Bloomfield, and a staff member will arrange someone to assist you. *Also, please feel free to attach any additional information you feel may be of value concerning the application or if you feel there is not enough space on the application.*

A letter advising receipt of your application will be mailed to you within 10 working days of the date it is received by Community Inclusions.

Yours in inclusion,

Kevin Porter
Executive Director

COMMUNITY INCLUSIONS

Request For Service

Applicant's Name _____

Address _____

Phone Number _____ D.O.B. _____

Next of Kin/Guardian _____

Referred By _____ Phone _____

Advocate _____ Phone _____

— Does the applicant have a primary diagnosis of an intellectual disability? _____

The three elements of an intellectual disability are as follows:

(a) Significantly sub-average general intellectual functioning (IQ of 68 or lower - average IQ is 100)...

(b)...existing concurrently with deficits in adaptive behaviour (requiring support to achieve expected standards of personal independence and social responsibility)...

(c)... during the development period (occurring between birth and age 18).

— What type of service is the applicant seeking?

A) Residential
Respite _____
Alternate living Program
* Room & Board ____
* Supported Apartment ____
Alberton Residence _____
*Supported Unit ____
*Apartment ____
Tignish Residence ____

B) Day Program (Tignish Workshop,
Maple House in O'Leary). Underline
one of the above.
* Life Skills ____
* Social Skills ____
* Recreation ____
Facility based _____
Community based _____

C) Community based employment

D) Other (please explain)

Please describe your expectations of this service _____

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- Current living arrangements _____

- Has the client ever lived anywhere else in the last 5 years? If yes, please provide details and dates. _____

- Describe the level of expectations/responsibilities placed upon the applicant in the home and/or outside the home _____

- Describe how you presently support the applicant both at home, and in the community _____

- Health (allergies, physical disability, mental illness, special dietary needs)

- Describe any medications taken and for what conditions. _____

Self-Administered _____ Needs Supervision _____

- Education
Last School Attended _____ Last Level Reached _____
Date of Attendance _____
Reason for Leaving _____

- Please describe any previous work, volunteer or community involvement starting with the most recent ie social clubs, community organizations, employment, etc

- Daily activities (Day Program, Employment, Volunteering, other)

- **Page 3**
Applicant's strengths,/likes _____

– Applicant's weaknesses, needs, difficulties, dislikes _____

– What will you do if the application is not approved? _____

– Is the applicant interested in employment? What kind of work would he/she like to do? Please provide suggestions for work placements _____

– Other comments _____

How will you participate in the planning process for this applicant? All successful applicants need to have a family member/advocate that is prepared to be involved on a regular basis with the applicant.

List any family, friends or advocates who will remain in contact with the client

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE OF INFORMATION

In applying for service, I hereby give my permission for Community Inclusions to access information regarding diagnosis, testing, educational background, residential or vocational background relevant to my application.

Please identify the individuals or organizations that you are giving us permission to discuss information that is relevant to this application.

- Family Doctor _____ Initials _____
- Mental Health Worker/Counsellor _____ Initials _____
- Disability Support Worker _____ Initials _____
- Past Care/Service Providers _____ Initials _____
- Teachers _____ Initials _____
- Financial Assistance Worker _____ Initials _____
- Family Member _____ Initials _____
- Other _____ Initials _____

Signature of Applicant _____

Signature of Parent \ Guardian _____

Signature of Advocate \ other (if applicable) _____

Date _____

Section B
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To be completed only by those applicants requesting residential services.

Functional Skills: To complete this section, check off the item(s) under each heading that most accurately describe the applicant. Circle the appropriate description inside any brackets () as it applies.

1. Eating

- Requires reminders regarding table manners.
- Has difficulty (swallowing) (chewing).

Explain: _____

- On special diet.

Explain: _____

- Completely self-sufficient at the table.
- Uses spoon and fork well, but not knife.
- Uses spoon well alone
- Learning to use spoon; needs (much) (little) assistance.
- Eats finger foods.
- Drinks from cup without assistance.
- Needs to be fed table food.
- Needs to be fed pureed food.

Comments: _____

2. Toileting

- Completely self-sufficient in toileting.
- Has accidents only at night.
- Has accidents (daily) (weekly) (monthly) (when upset or in changed surroundings).
- Requires assistance with hygiene.
- Needs no assistance, but must be reminded.
- Currently working on time-training

Explain: _____

- Wears attends at night.

Comments _____

3. Mobility

- No problems with mobility.
- Walks up\down stairs with caution.
- Walks alone with poor balance, does not fall.
- Stumbles frequently or walks into furniture.
- Stands with assistance.
- Confined to a wheelchair.

Comments: (Describe any other strengths or special limitations)_____

4. Communication

- Speech quality unimpaired.
- Converses on telephone (Can use directory) (Can dial accurately).
- Speech is difficult for strangers to understand.
- Speech is difficult for family to understand.
- Indicates need by (crying) (pointing) (leading to door, etc.)
- Uses words but does not understand their meanings.
- Initiates and carries on conversations.
- Relates experiences.
- Talks in 2-3 word sentences.
- Uses names of familiar objects or persons.
- Follows simple directions.
- Imitates sound.
- Makes random vocalizations.

Comments:_____

5. Socialization

- Recognizes familiar persons.
- Enjoys physical contact.
- Shies away from strangers.
- Interacts cooperatively with others.
- Relates well to authority.
- Prefers company of (children) (staff) (peers)
- Prefers to be left alone.
- Is easily frustrated.
- Responds to correction

by:_____

- Responds to change in routine

by:_____

- Is upset by noise\activity in the environment.

Comments _____

6. Supervision Needed (Home and Community)

- Can be left alone over night.
- Can be left alone during day time. How long? _____
- Can perform minor errands.
- Is aware of appropriate social behaviour in public.
- Walks anywhere within town alone.
- Walks within neighbourhood alone.
- Wanders away from home- cannot be left outdoors alone.
- Crosses street safely after looking for cars.
- Goes out into street with out looking for cars.
- Is (aware) (unaware) of basic safety issues in the home.
- Must be supervised constantly.

Comments _____

7. Personal Self-help

- Is completely self-sufficient in bathing, dental care, and dressing.
- Chooses clothing and dresses appropriately alone.
- Recognizes if appearance is clean and neat.
- Tells time to nearest (hour) (half hour) (quarter hour) (five minutes).
- Puts on coats\dress, (does) (does not) fasten it.
- Removes coat if unfastened.
- Operates (zipper) (buttons) (snaps).
- Does not help dress self.
- Shampoos hair (With assistance) (Alone).
- Combs hair (With assistance) (Alone)
- Can shave (alone) (needs assistance or to be shaved).
- Self sufficient at tooth brushing(though reminders may be necessary).
- (Does) (Does not) cooperate while teeth are being brushed.
- Learning to brush own teeth.
- Wears dentures. Any

problems _____

- Prefers (bath) (shower).
- Baths alone if water is run. Doing (good) (fair) (poor) job.
- Must be bathed.

8. Household \ Domestic

- Can cook simple items on stove.
- Uses oven to bake.
- Makes own simple lunch\breakfast
- Sets table
- Cleans bathroom.
- Vacuums.
- Dusts furniture.
- Can do own laundry.
- (Washes) (Dries) dishes.

- Keeps room neat and tidy.
- Participates in household activities, but requires supervision and help.
- Does not participate in household cleaning.

9. Apartment Living.

- Can prepare own daily meals (with) (without) supervision.
- Can buy groceries (with) (without) assistance.
- Can operate: -----Vacuum Cleaner -----Stove Burners -----Washer
-----Dryer -----Microwave -----VCR\Stereo -----Oven.
- Can budget money for personal and domestic needs.
- Can pay own bills.
- Can make own appointments.
- Needs assistance with banking, paying bills, and budgeting.
- Can maintain apartment in good order (with) (without) assistance.
- Can do own laundry.

Comments _____

10. Literacy Skills

- Can read at about ____ level.
- Can
write _____
- Recognizes (letters) (numbers) 1-10 ____ Up to _____.
- Recognizes basic signs, people in pictures.
- Manages own bank account.
- (Can) (Cannot) cash cheques, make withdrawals.
- Can write own name.

Comments _____

Additional Comments

Signature of Applicant _____

Signature of Parent\Guardian _____

Signature of Advocate\other (if applicable) ____

Date _____

