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Dear Parent or Guardian:

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. Should you feel uncomfortable or not agree with any part of this application, please leave that section blank.

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 will include an interview with the applicant and their family.

Should you require any assistance in this process, please do not hesitate to contact this office. 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 _____ S.I.N. _____

Referred By _____ Phone _____

Emergency Contact _____ Phone _____

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

The three elements of an intellectual disability are as follows:

(a) significantly delayed general intellectual functioning

(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? Please describe your expectations of this service _____

A) Residential

respite _____

alternate living _____

supported apartment _____

group home _____

room and board _____

shared care _____

independent apartment (O'Leary) _____

(Please explain)

B) Vocational Training

facility based _____

community based _____

combination _____

Other _____

(Please explain)

C) Other

recreation _____

social _____

life skills _____

day respite _____

Other _____

(Please explain)

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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 _____

- 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 _____

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- Applicant's strengths,/likes _____

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

- What will you do if the application is not accepted immediately? _____

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

- Other comments _____

Family Information: List brothers, sisters, extended family, or **other** persons important to the individual requesting a service.

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

What can be expected in regard to future contact with the client by family, relatives and friends _____

Are you prepared to participate in the planning process for this applicant? Yes No

List any special friends or advocates who wish to 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_____
Primary Care Provider_____	Initials_____
Past Care/Service Providers_____	Initials_____
Teachers_____	Initials_____
Disability Support Worker _____	Initials_____
_____	Initials_____
_____	Initials_____
_____	Initials_____

Signature of Staff_____

Signature of Client_____

Signature of Emergency Contact_____

Date_____

Section B
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*To be completed only by those clients **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 training. Explain: _____

----- Wears diapers at night.
----- Toilet training not yet attempted.

Comments _____

3. Mobility

- No problems with mobility.
- Walks up\down stairs with caution.
- Walks alone with poor balance, does not fall.

3. Mobility (Continued)

- 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.

6. Supervision Needed (continued)

- 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. Sexuality

----- Understands the concepts of privacy\modesty.

----- Can look after own method of birth control (if used).

----- Understands the purpose of birth control (if used).

----- Is participating or has participated in a meaningful relationship with boy\girl friend.

----- Demonstrates interest in the same-opposite sex.

----- Understands the concept of boy\girl friend.

Comments _____

9. Household \ Domestic

----- Can cook simple items on stove.

----- Uses oven to bake.

----- Makes own simple lunch\breakfast

----- Sets table

----- Cleans bathroom.

9. Household \ Domestic (continued)

----- 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.

10. Apartment Living.

- Can cook 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.

Comments_____

11. 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 Staff_____

Signature of Client_____

Signature of Parent\Guardian_____

Date_____