



ACHIEVE CHARITY

1011 Buckhorn Rd
Selwyn, Ontario K9J 6X5
705-300-1509
www.achievecharity.ca
info@achievecharity.ca

APPLICATION FORM

Participant Information

Name: _____

Date of Birth (Month/Day/Year): _____

Gender: M ___ F ___

Pronouns: _____

Current Address:

Address line 1: _____

Address line 2: _____

City: _____

Province: _____

Postal code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Who do you currently live with? _____

Do you have children? Yes ___ No ___



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EMERGENCY CONTACTS

Name of caregiver: _____

Relationship: _____

Address:

Address line 1: _____

Address line 2: _____

City: _____

Province: _____

Postal code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Name of alternate emergency contact: _____

Relationship: _____

Address:

Address line 1: _____

Address line 2: _____

City: _____

Province: _____

Postal code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____



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Agency Connections

AGENCY	CURRENT	PAST	CONTACT (Name & Contact Info)	SERVICES SOUGHT AND PROVIDED
Canopy Support Services (Previously Tri-County)				
Alternatives Community Support Services (specify program)_____ _____ _____				
Peterborough Youth Services (PYS)				
Ontario Disability Support Program (ODSP)				
Canadian Mental Health Association (CMHA)				
Developmental Services Ontario (DSO)				
Community Living Trent Highlands-Peterborough				



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RESPITE WEEKEND

The Achieve model requires that the superintendent receive one weekend off a month. Do you have a place to stay for one weekend each month? Y N

Please indicate if this is a concern. Not having a place will not disqualify you from being admitted to the program.

Do you receive ODSP? Y N

Do you receive Passport Funding? Y N If yes, how much? _____

Would you be willing to use some of your passport funding as a participant fee for services each month? Y N

EDUCATION

School and program last attended

Medical Information

Takes medication independently Y N

Known allergies (food, medication, other):

Additional comments related to medical/health care:

Would you be willing to obtain a vulnerable sector check? Y N



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INTERACTIONS

Describe how you interact with others:

Do you like to do things on your own or with others:

Describe things you like or that motivate you:

Describe your ability to make choices:

SELF HELP/ADVOCACY SKILLS

Schedule Doctors appointments Y N

Describe assistance needed:

Schedule Dentist appointments Y N

Describe assistance needed:



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Other:

Interests and activities:

Are you involved with special Olympics or other community events? If yes which sports and day and time attended. Do you have transportation and or support worker support for these activities?

Do you work or attend community involvement or educational programs? If so, what days and time and do you have transportation and or support worker support?

Do you have goals for the future that Achieve can help support?

Do you have a March of Dimes access card ? Y N

ADDITIONAL COMMENTS OR INFORMATION TO SHARE
