Application form

Please answer all questions as accurately as possible. All information is confidential and for the use of The Jigsaw Centre staff only.

Applicant information

First name: Last name:

Name used: Date of birth:

Gender

Male

Female

Full address:

Phone (day). Phone (evening)

Email:

Preferred use of communication in the event of an emergency?

Parent/care givers information

First name: Last name:

Relationship to applicant:

Full address if different from the applicant:

Phone

Home: Work:

Cell: Email:

Present living arrangements

Parental home

Group home

Other (split living. Etc please specify)

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Formal diagnosis and medical conditions

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Current medications

None

For health concern

For epilepsy/seizures

For mood/anxiety/sleep/behaviour

Other please specify

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Will medication need to be given during the day whilst attending the program

Yes

No

Allergies and food sensitivities

Is an auto -injector required?

Yes

No

Mobility

Walks with aids

Walks without aids

Usually in a wheelchair or does not walk at all

Please specify if the applicant with support can transfer into vehicles or chairs etc

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Form of communication

Verbal

Non-verbal

Uses other forms of communication ie pecs etc please specify what works for the person

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Past day programs

Day program.

School

Name of agency and contact person

Name of contact person

Level of independence

Independent completely. Yes. No

Can be left alone for short periods of time. Yes. No

Requires constant supervision Yes. No

Requires prompts/reminders. Yes. No

If yes to any of these please explain

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Will wander Yes. No

Able to follow verbal instructions Yes. No

Needs hand over hand support for manual tasks Yes No

 Self care

Toilets themselves independently

Needs support with personal care/ toileting Able to wash hands

Able to feed themselves

Able to dress themselves

Needs support with shoes, boots or out wear

If yes please explain

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Literacy skills

Can write their own name

Can write words

Able to read

Can identify letters

Can identify numbers

Behavioural challenges please list clearly including known triggers ie specific words actions etc. Please explain clearly if there are de-escalation techniques that are used that work if any:

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Personal interests of the applicant

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Comments

Any additional comments which may be helpful to staff

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Days of the week required

Monday

Tuesday

Wednesday

Thursday

Friday

Monday-Friday inclusive

How did you hear about us?

Social media?

Brochure?

Word of mouth?

Other

Please specify

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Signature

Individual completing the form

Signature. Print name

Date mm/dd/yyyy