

Community Facilitation Registration

Participant's
Name:

Address:

City:

Province:

Country:

Postal Code:

Date of Birth
(DD/MM/YY):

Age:

Male

Female:

Health Card #
(insurance):

Version Code/
Expiry Date:

Home Telephone:

Home Email:

Fax :

Cell Phone
(reachable):

Guardian's Name:

Contact #:

Guardian's Name:

Contact #:

Emergency

Contact Name:

Relationship:

Emergency

Contact #(s):

Does the participant attend other groups? Please provide details.

Has the participant required 1:1 support in any setting within the last year? Please provide details.

Yes No



NextStep Support Inc
Toronto, Ontario • Tel: 647-807-8911
www.NextStepSupport.com • info@NextStepSupport.com

Community Facilitation Registration

COMMUNITY FACILITATION GROUPS		
<p>Participants are supported based on their individual needs. Accordingly, participants will be placed in groups with differing staff to member ratios to ensure the enjoyment of all participants</p> <p>Please check (✓) the most appropriate participant to staff ratio that describes the current support needs of the participant</p>		
1:1	<ul style="list-style-type: none"> If the participant poses a danger to him/herself or others while in group settings or if the participant displays behaviours that require physical interventions 	<input type="checkbox"/>
2:1	<ul style="list-style-type: none"> If the participant requires assistance adhering to community safety rules and expectations 	<input type="checkbox"/>
3:1	<ul style="list-style-type: none"> If the participant requires assistance adhering to social norms and expectations or requires assistance to manage personal belongings 	<input type="checkbox"/>
5:1	<ul style="list-style-type: none"> If the participant requires facilitation to socialize with peers 	<input type="checkbox"/>
10:1	<ul style="list-style-type: none"> If the participant prefers structured events to socialize with peers 	<input type="checkbox"/>

Please indicate the groups you are most interested in with a check (✓).

Group Types	Mornings	Afternoons	Evenings
Community Outing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crafts & Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama & Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports & Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday Night Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the days you are most interested in with a check (✓).

Mondays <input type="checkbox"/>	Tuesdays <input type="checkbox"/>	Wednesdays <input type="checkbox"/>	Thursdays <input type="checkbox"/>	Fridays <input type="checkbox"/>	Saturdays <input type="checkbox"/>	Sundays <input type="checkbox"/>
----------------------------------	-----------------------------------	-------------------------------------	------------------------------------	----------------------------------	------------------------------------	----------------------------------



NextStep Support Inc
 Toronto, Ontario • Tel: 647-807-8911
www.NextStepSupport.com • info@NextStepSupport.com