

Personal & Respite Support Registration

**Applicant'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:
Cell Phone
(reachable):** _____

Fax : _____

**Guardian's
Name:** _____

Contact #: _____

**Guardian's
Name:** _____

Contact #: _____

**Emergency
Contact Name:** _____

Relationship: _____

**Emergency
Contact #(s):** _____

Does the applicant attend school, a day program, a training program, work or any other day time activity on a regular basis? Please provide details.



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

Yes

No

What are some of the applicant's strengths? Please provide details.

What are some of the challenges the applicant faces? Please provide details.

What are some of the goals of the applicant and his/her family? Please provide details.



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Indicate applicants current support needs with a check (✓)	
• The applicant poses a danger to him / herself or others in particular settings and may require physical interventions.	<input type="checkbox"/>
• The participant requires assistance adhering to community safety rules and expectations	<input type="checkbox"/>
• The participant requires assistance adhering to social norms and expectations or requires assistance to manage personal belongings	<input type="checkbox"/>
• The participant requires facilitation to socialize with peers	<input type="checkbox"/>
• The participant prefers structured events to socialize with peers	<input type="checkbox"/>

What are some of the triggers for the applicant? Please provide details.

Indicate the activities that are of greatest interest to the applicant with a check (✓).	Interests
Community Outings	<input type="checkbox"/>
Cooking	<input type="checkbox"/>
Crafts & Arts	<input type="checkbox"/>
Drama & Music	<input type="checkbox"/>
Sports & Games	<input type="checkbox"/>
Socializing with others	<input type="checkbox"/>

Indicate the days the applicant requires support 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"/>

