

PERSONAL INFORMATION		
<b>First Name:</b>	<b>Middle Initial(s):</b>	<b>Last Name:</b>
<b>Address: (street, street # Apt#)</b>		
<b>City:</b>	<b>Postal Code:</b>	<b>Home Phone Number</b>
<b>Date of Birth(month/day/year):</b>	<b>Gender:</b>	
/ /	? Male ? Female	

CONTACT INFORMATION	
<b>Parent/Guardian's Name</b>	
<b>Home Phone</b>	<b>Work Phone</b>
( )	( )
<b>Address</b>	
<b>City, Postal Code</b>	

ALTERNATE EMERGENCY CONTACTS			
<b>Primary Contact :</b>		<b>Secondary Contact:</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Home Phone</b>	<b>Work Phone</b>
( )	( )	( )	( )
<b>Relationship to Participant:</b>		<b>Relationship to Participant :</b>	
<b>Address</b>		<b>Address</b>	
<b>City</b>	<b>Postal Code</b>	<b>City</b>	<b>Postal Code</b>

<b>HEALTH INFORMATION</b>
<b>Primary Disability and Brief Description</b>
<b>Other Conditions/Health Information</b>
<b>Allergies (please list all food, medication etc...)</b>
<b>Do you use an epi-pen ? Yes ? No</b>
<b>Current Medications, Dosages and Administration Times</b>

<b>COMMUNICATION</b>
<b>Do you wear hearing aids</b>
<b>? Yes ? No</b>
<b>Do you have speech difficulties?</b>
<b>? Yes ? No</b>
<b>IF you answered yes to either of the above questions, please indicate how you communicate</b>
<b>? Verbally ? Bliss board, symbols or picture board ? sign language</b>
<b>? other (specify):</b>

<b>SOCIAL DEVELOPMENT</b>
<b>IT IS IMPERATIVE THAT THIS SECTION IS FILLED OUT ACCURATELY SO THAT WE CAN PROVIDE THE SUPPORT REQUIRED TO MAKE THIS A SUCCESSFUL EXPERIENCE FOR ALL PARTICIPANTS</b>
<b>Choose one of the options below to describe your social interactions</b>
<b>☒ no difficulties functioning in social situations</b>
<b>☒ need encouragement and minimal supervision when getting involved in new experiences</b>
<b>☒ need complete supervision with social situations</b>

<b>SOCIAL DEVELOPMENT CONTINUED</b>	
Choose one of the following to describe your decision making skills?	
<input type="checkbox"/> independent <input type="checkbox"/> need prompting <input type="checkbox"/> need complete support	
Choose one of the following statements to describe how you react with increased anxiety...	
1. <input type="checkbox"/> When I am anxious or upset I am able to remove myself from the situation and use coping mechanisms to relax  2. <input type="checkbox"/> When I am anxious or upset I will sometimes hurt myself  3. <input type="checkbox"/> When I am anxious or upset I will direct my anger at another person through verbal or physical aggression.	
If you answered with statement 2 or 3 from the above question, please answer the following. I experience behaviors of concern ....	
<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	

<b>CARE PROVISIONS</b>	
Please answer the following if you take prescribed medications.	
<input type="checkbox"/> I do not need any assistance with taking my medication <input type="checkbox"/> I need prompting that it is time to take my medication <input type="checkbox"/> I need complete assistance in taking my medication	
Do you have any special dietary needs or restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes what are your needs <input type="checkbox"/> pureed <input type="checkbox"/> chopped <input type="checkbox"/> diabetic	
<input type="checkbox"/> other _____	
Do you require turning at night <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify how often you need assistance	
Please indicate the level of assistance required for each of the following activities	
	Total Assistance                      Some Assistance                      No Assistance
Eating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Brushing Teeth	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Washing Hands/Face	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Grooming (Shaving)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dressing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Showering/Bathing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Toileting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## CARE PROVISIONS CONTINUED

Do you require assistance with transferring?  yes  no  
 If you answered yes please indicate the level of support required

When completing your personal care do you use

toilet  commode  urinal  bed pan  personal products (i.e.-attends)

Are there any other specialized equipment/services you require that have not been mentioned?  yes  no

If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_

## SESSION DATES

Please note that the program will run from Monday-Saturday. The first day will be held at The Participation House Project (Durham Region) from 9-3:30 pm. Tuesday-Friday will be overnight stays at Durham College Residence. Saturday there will be a celebration with the participants, friends and family ending at 1:00pm

Please indicate which week you prefer to attend

July 9-14     July 16-21     July 23-28     July 30 – Aug 4

## TRANSPORTATION

Participants or their families must arrange transportation for the individual to get to and from the location for the first day of the program. The remaining four days participants will be utilizing public transit for transportation purposes.

## PROGRAM FEES

The program fee of \$100.00 will cover the cost of accommodation, transportation, meals and snacks for the first day of the program. Payment is required through cash or money order. Cancellations must be made by June 22, 2007 to receive a full refund. **Payment of the program fee is required upon acceptance to the program**

The \$75.00 spending allowance that each participant is expected to bring will be used during the overnight portion of the program as a learning tool to budget for recreational activities, and other incidentals.

**SIGNATURE**

It is important that we have all information necessary to determine an applicant's eligibility to take part in the Life Readiness Program. The Participation House Project (Durham Region) reserves the right to refuse any applicant who has submitted an incomplete or falsified application and to refuse or send home any participant whose behavior and or medical condition is inappropriate for the program.

The undersigned verifies that the information given in this application is complete and accurate to best of his/her knowledge.

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Date

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Signature of applicant or guardian

Please return this form to:  
The Participation House Project Durham Region  
1255 Tewillegar Ave Unit #9  
Oshawa Ontario  
L1J 7A4  
Attention: Sue Pereira

**Submitting an application does not guarantee acceptance.  
Please note the deadline for applications is June 8, 2007**