

# Life Readiness Registration Form 2019

PARTICIPANT INFORMATION (18-35yrs can apply)		
First Name	Middle Initial(s):	Last Name:
Address:		City:
Postal Code:	Home Phone:	Health card:
Date of Birth (month/day/year): / /		Gender (for roommate purposes) M/F/Other

CONTACT INFORMATION		
Parent/Guardian's Name:		
<small>*Please note if your will be out of area the week the participant requests to attend and verify your emergency contact will be available.</small>		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City	Email:	

Have you attended LRP before? Check yes or no If yes what year(s) did you attend? Please select which week you are interested in attending: (preference/spot is not guaranteed)

Week 1: July 1-5     Week 2: July 8-12     Week 3: July 15-19     Week 4: July 22-26

Week 5: July 29-Aug 2 (program open on holidays) Do you require an accessible unit?  
Check Yes or No If yes please explain further:

PEER-MENTOR ROLE
If you would like to sign up to our Peer Mentorship Training opportunity please as yourself these questions: <input type="checkbox"/> Do you like to help others? <input type="checkbox"/> Is this your first time being a mentor? <input type="checkbox"/> Have you stayed at LRP before?
<small>*If you are able to answer yes to the above boxes, feel free to check the box below to be eligible to attend the free 1 or 2 day training depending on vacancies and availability.</small>
<b>➤ <u>Peer Mentorship Training opportunity June 24/25th 2019?</u></b>
Check your response: Yes I would like to attend or No not interested Circle t-shirt size: S/M/L/XL/ or specify further if interested.

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## ALTERNATE EMERGENCY CONTACT #1

Primary Contact:

Phone #'s:                    /                    /

Relationship to Participant:

Address:

## ALTERNATE EMERGENCY CONTACT #2

Secondary Contact:

Phone #'s:                    /                    /

Relationship to Participant:

Address:

## HEALTH INFORMATION

Primary Disability and Brief Description:

Other Conditions/Health Information:

Allergies (please list all food, medication, etc...):

Do you use an epi-pen:    ↑Yes    ↑No

Do you take any current medications? Circle    ↑ Yes or    No

Do you independently take medication? Circle    ↑ Yes or    No

    I need prompting that it is time to take my medication

    I need complete assistance in taking my medication

Do you require staff to administer medication? Circle    ↑Yes or    ↑No

(If yes please sign off the CONSENT FOR MEDICATION ADMINISTRATION FORM)

Please list all medications by name/route/dosages and administration times: If you take your medication with something other than water please indicate preference and bring with medication.

Name:	Route/location on body	Dosage/amount	Time: 9am/12pm/5pm?

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THE PARTICIPATION HOUSE PROJECT (DURHAM REGION) CONSENT FOR MEDICATION ADMINISTRATION (July-August 2019)

I, \_\_\_\_\_ (Participant/Guardian Name), hereby give permission to The Participation House Project (Durham Region) (PH) to administer personal

Medications to \_\_\_\_\_ (Participants Name) while accessing the Life Readiness Program hosted by PH.

I also understand that if \_\_\_\_\_ (Participants Name) refuses any medication or there is a medication discrepancy, that The Participation House Project (Durham Region) cannot be responsible for \_\_\_\_\_'s (Participants Name) medical safety or behavior

I understand that should I choose, I have the right to revoke my consent at any time.

This consent is to be effective during a period (not to exceed a four week period) from the date of this release.

Date (yy/mm/dd) \_\_\_\_\_ Effective to (yy/mm/dd): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

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## COMMUNICATION

Do you wear hearing aids: Circle Yes or No

Do you have speech difficulties: Yes or No

IF you answered yes to either of the above questions, please explain and indicate how you communicate:

## SOCIAL DEVELOPMENT

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. LRP SUPPORT RATIO IS 1:6 SUPPORT LEVEL, AND ACCESS TO AN OVER NIGHT ASLEEP STAFF (NOT IN THE SAME ROOM)

**Choose one of the options below to describe your social interactions:**

- No difficulties functioning in social situations.
- Need encouragement and minimal supervision when getting involved in new experiences.
- Need complete supervision with social situations.

**Choose one of the following to describe your decision making skills:**

- Independent
- Need no support over night
- Need prompting
- Need complete support day and night

**Choose one of the following statements to describe how you react with increased anxiety...**

- When I am anxious or upset I am able to remove myself from the situation and use coping mechanisms to relax.
- When I am anxious or upset I will direct my anger at another person through physical aggression.
- When I am anxious or upset I will run off and not tell you where I am going.
- When I am anxious or upset I will sometimes hurt myself.
- When I am anxious or upset I will direct my anger at another person through verbal aggression.
- When I am anxious or upset I will direct my anger at another person through physical aggression

I experience behaviors of concern...

- daily
- weekly
- monthly
- yearly

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## CARE PROVISIONS

Do you have any special dietary needs or restrictions?  yes  no

Please explain in detail:

(we would like to remind families who are filling out this portion that people attending are on vacation and are working on independence as much as we suggest healthy options.)

Please indicate the level of assistance required for each of the following activities

	Total Assistance	Some Assistance	No Assistance
Eating			
Brushing Teeth			
Washing Hands/Face			
Grooming (Shaving)			
Dressing			
Showering/Bathing			
Toileting			

Do you require assistance with transferring?  yes  no

If you answered yes please indicate the level of support required. Please be specific:

When completing your personal care do require assistance?  yes  no

Please explain in detail:

Are there any other specialized equipment/services you require that have not been mentioned?

\*if a lift is required please provide your lift, as the accessible room does not have one.

yes  no

If yes, please specify:

## TRANSPORTATION

Participants or their families must arrange transportation for the individual to get to the location for the first day of the program and pick up on the last day. During the week, the participants will be utilizing public transit for transportation purposes. Do not purchase bus passes for the week as participants borrow ours to use.

Have you completed your application and SIS (Support Intensity Scale) assessment through the DSO (Developmental Services Ontario)?

(Please circle your response) **Yes** or **No**

If yes please include a copy of the SIS assessment in this application if you are new applicant.

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## PERSONAL FINANCES:

I AM IN CHARGE OF MY SPENDING MONEY AND HOLD IT ON ME OR IN MY ROOM WHILE STAYING AT PARTICIPATION HOUSE-LRP AS STAFF ARE NOT LIABLE FOR MY MONEY OR MISSING BELONGINGS.

CIRCLE: AGREE YES OR NOT AGREE NO

## PROGRAM FEES

The program fee will subsidize the cost of accommodation, transportation, and meals for the program. (Pending Funding Approval) Payment of \$450.00 is required through cash, debit transfer or registered check payable to: "Participation House."

- **A \$50.00 fee will be charged for any cancellations to the program.**
- **A spot is only secured when payment is received after email acceptance has occurred.**
- **Spot holders will also bring \$100 cash in small bills towards a learning tool to budget for recreational activities and outings**

Please indicate if you are receiving Summer Respite Support from any of the listed Agencies:

- Christian Horizons     Community Living Ajax Pickering  
 Durham Association for Family Respite     Kerry's Place  
 Community Living Durham North     Community Living (CLOC)  
 Other:

## 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 who is presenting with support needs that are beyond the program's ability.

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

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

Please Email/Fax or drop off Application Titled: LRP 2019 and Participant name to: Attention: Heather Hall

Email: [hhall@phdurham.com](mailto:hhall@phdurham.com)

Service Manager-Community Supports and Respite, The Participation House Project (Durham Region)

Office # 905.579.5267 ex 206 Fax: 905-579-5281

55 Gordon St, Suite 1 Whitby, ON, L1N 0J2 (beside Iroquois Sports and Boston Pizza)

**\*\*Submitting an application does not guarantee acceptance. Please note the deadline for applications is June 7, 2019**