

Life Readiness Registration Form- 2023



PARTICIPANT INFORMATION:

First Name:	Middle Initial(s):	Last Name:
Address:		City:
Postal Code:	Home Phone:	
Health Card:	Covid Vaccination Status:	
Date of Birth:	Gender:	

CONTACT INFORMATION:

Parent/Guardian's Name:		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City	Email:	

Have you attended LRP before: ☐ YES or ☐ NO If yes, what year/years: _____

Please select which week you are interested in attending: (preference/spot is not guaranteed)

☐ Week 1: July 3-7 ☐ Week 2: July 10-14 ☐ Week 3: July 17-21 ☐ Week 4: July 24-28

Only one week is available per person unless last minute spots open, please check off ALL weeks you are available and list preference below

Preferred Weeks in Order: #1 _____ #2 _____ #3 _____ #4 _____

If you will be out of area the week the participant is attending or we cannot reach you, please identify the emergency contacts who will be available in the case of an emergency

EMERGENCY CONTACT #1:

Primary Contact:
Phone #'s:
Relationship to Participant:
Address:

ALTERNATE EMERGENCY CONTACT #2:

Secondary Contact:
Phone #'s:
Relationship to Participant:
Address:

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HEALTH INFORMATION:

Primary Diagnosis and Brief Description:

Other Conditions/Health Information:

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

Do you require the use of an epi-pen: ☐ YES ☐ NO

Do you take any medications currently?: ☐ YES or ☐ NO

Do you self-administer your medication? ☐ YES or ☐ NO

Support required with medications:

☐ I need prompting that it is time to take my medication

☐ I need complete assistance in taking my medication

***If staff assistance is required for taking medications, you will be required to sign the CONSENT FOR MEDICATION ADMINISTRATION FORM on Page 3 ***

Please list all medications required daily & PRN's (as needed ie. Tylenol) by name/dosage/route and administration times.

Name of medication:	Route/location on body:	Dosage/amount:	Time of day taken:

Additional medication requirements/notes:



**THE PARTICIPATION HOUSE PROJECT (DURHAM REGION)
CONSENT FOR MEDICATION ADMINISTRATION (LRP 2023)**

I, _____ (Guardian Name), hereby give consent to The Participation House Project (Durham Region) staff to administer personal medications to _____ (Participant Name) during their participation in the Life Readiness Program.

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

This consent is to be effective during the participant's given week at the Life Readiness Program 2023 (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 ☐ YES or ☐ NO

Do you have speech difficulties: ☐ YES or ☐ NO

If you answered yes to the above question, please indicate how you would like to communicate:

SOCIAL DEVELOPMENT:

***Please make sure that this section is completed accurately so that we can provide the necessary support to ensure a successful experience for all participants. ***

Choose an option below that best describes your social interaction style:

- ☐ Independently interacts with others without support.
- ☐ Requires encouragement and minimal support when getting involved in new experiences.
- ☐ Requires complete support engaging and actively participating in social situations.

Choose an option below that best describes your decision-making abilities:

- ☐ Independent
- ☐ Requires prompting
- ☐ Requires complete support.

Choose one of the following statements to describe how you react to situations that may cause increased anxiety:

- ☐ When I am anxious or upset, I can remove myself from the situation and use coping mechanisms to relax.
- ☐ When I am anxious or upset, I will direct my anger at my environment 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 may 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 these types of situations:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly

Alcohol Consumption:

In a supported environment (ie. at a restaurant or event), do you grant permission for the participant to have one alcoholic beverage if they choose: ☐ YES or ☐ NO

Signature: _____

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CARE PROVISIONS:

Do you have any special dietary needs or restrictions? ☐ YES ☐ NO

If yes, please explain in detail:

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

	Total Assistance	Partial Assistance	No Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Hands/Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use a mobility device and require assistance with transferring? ☐ YES or ☐ NO

If you answered yes, please describe the device and level of support required:

When completing your personal care (ie. using washroom facilities or personal absorbency products) do you require assistance? ☐ YES or ☐ NO

If yes, please explain in detail:

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

☐ YES or ☐ NO

If yes, please specify:

***If a lift is required, please specify so we can ensure the proper equipment/support is provided. ***

TRANSPORTATION:

Participants and/or their families must arrange transportation for the arrival of the participant to the program location and for pick up at the end of the week.

While accessing the community during their stay, participants will be utilizing public transit with the support of our program facilitators.

Bus passes will be provided to the participants while attending the program.

PERSONAL FINANCES AND BELONGINGS:

I ACKNOWLEDGE THAT I AM IN CHARGE OF MY PERSONAL SPENDING MONEY AND WILL KEEP TRACK OF IT AT ALL TIMES.

I AM ALSO RESPONSIBLE FOR MY PERSONAL BELONGINGS.

WHILE AT THE PARTICIPATION HOUSE PROGRAM (LRP), STAFF ARE NOT LIABLE FOR MY MONEY OR MISSING PERSONAL BELONGINGS.

Signature: _____

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PROGRAM FEES:

Program fees will include the cost of 5-day, 4-overnight accommodations, transportation costs (bus pass), 3 meals per day, snacks, and some additional activities for the program.

Payment of \$600.00 is required through e-transfer. The information regarding the e-transfer process will be shared with you after you have been notified of acceptance into the program.

Please note:

- Your program spot is secured once we have received an email confirming your acceptance of participation, and your payment has been received.
- A \$50.00 cancellation fee will be charged to you in the event of a cancellation less than 2 weeks before your start date.
- **Participants are required to bring \$100 cash (small bills) for the purpose of learning to budget for recreational activities and community participation.**

SIGNATURE:

Please note:

Full completion of this application is required to determine an applicant's eligibility to participate in The Life Readiness Program.

The Participation House Project (Durham Region) reserves the right to refuse any applicant who has submitted an incomplete application or an application that does not truly reflect the support needs of the participant.

The Participation House Project (Durham Region) reserves the right to send home a participant who is presenting with support needs greater than those indicated on the application, and that are beyond the program's ability to safely accommodate.

The undersigned acknowledges that the statement above confirms the information provided in this application is complete and accurate to the best of his/her knowledge:

Signature of Applicant

Date: _____

Signature of Parent/Guardian

Date: _____

Please E-mail Application to:

Andrea Andrus, Manager - Community Services and Partnerships
The Participation House Project (Durham Region)
Email: aandrus@phdurham.com

Submitting an application does not guarantee acceptance

APPLICATION DEADLINE: June 23, 2023