



**Section A: Personal Information**

First Name:	Middle Initial(s):	Last Name:
Address:		
City:	Postal Code:	Home Telephone: ( )
Email Address:		I prefer contact by email: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender (Please select all that apply) : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Agender <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Not listed(please specify):_____ <input type="checkbox"/> Prefer not to say		Date of Birth (mm/dd/yy):

**Section B: Contact Information / Emergency Contact**

Direct all correspondence and communications to:  
Applicant Parent/Guardian Next of Kin Contact

Emergency Contact Name:	Relationship to Applicant:	
Emergency Contact Address – if different from applicant’s address:		
City:	Postal Code:	Home Telephone: ( )
Business Telephone: ( )	Extension:	Cell Phone: ( )

**Section C: Health Information**

Name of your disability (e.g., Cerebral Palsy, MS, SCI, etc.):

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Other Conditions/Information:

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Please list any allergies and describe their severity (e.g., food, medication, etc.):

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Do you use an Epi-pen? Yes No  
 If yes, do you carry the Epi-pen with you at all times? Yes No

Do you have any special dietary needs/restrictions? (e.g. food, medication, etc.)

If yes, what are your needs?:  Pureed  Diabetic  Chopped  Other (specify):

Do you use a G-tube?:  Yes  No

If yes, are you providing your own food?  Yes  No

**Section D: Activities of Daily Living**

**Please indicate the level of assistance that you require for each of the activities below**  
(accuracy in completing this section is essential to the planning of your care)

**Important Note:** This program does not provide medical care. It is a day program with a limited number of staff who provide light attendant care when and where required. Participants must be able to self-direct their own care with or without assistive devices.

Task	Total Assistance	Some Assistance	No Assistance
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands/face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with bagged lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring: On and off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In and out of a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have control of: <input type="checkbox"/> Bowels <input type="checkbox"/> Bladder <input type="checkbox"/> Neither	Do you use/are you able to use: <input type="checkbox"/> Toilet <input type="checkbox"/> Commode chair <input type="checkbox"/> Plastic urinal	Do you use: <input type="checkbox"/> Attends <input type="checkbox"/> colostomy <input type="checkbox"/> condom drainage <input type="checkbox"/> ileoconduit	Catheter Type: <input type="checkbox"/> in-dwelling <input type="checkbox"/> intermittent

Do you use any of the following:

cane  crutches  walker  braces  
 power wheelchair  manual wheelchair  scooter

Are you able to transfer to a chair:  Yes  No

Are you able to walk:  without assistance  with assistance  cannot walk

Are you able to weight-bear:  Yes  No

Please indicate your preferred method of transferring:

- Hoyer    2-person transfer    1-person transfer    Sliding board

Do you have procedures completed by an OT/PT for transferring  Yes    No

If yes, please describe:

Will you have access to an attendant/caregiver/PSW who can provide personal care while you attend the program?  Yes    No

If no, will you require MODC to provide an attendant/caregiver/PSW who can provide personal care?  Yes    No

### Section E: Communication

Do you wear hearing aids:  Yes    No

Do you have speech difficulties:  Yes    No

If you answered Yes to either question above, how do you communicate:

- Verbally    Bliss board, symbols or picture board    Sign language    Dynavox/ iPad  
 Other (specify):

Do you require assistance with communication:  Yes    No

Please describe your communication (e.g., ability to express needs, ask questions, etc.):

### Section F: Social Development and Cognitive Abilities

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

- no difficulties functioning in social situations  
 need prompting and encouragement when getting involved in new experiences  
 need complete supervision within social situations

Choose one of the options below to describe your cognitive reasoning skills:

- clearly understand directions and respond accordingly  
 need some direction and further explanation at times

often experience confusion with comprehending minimal tasks

Literacy and comprehension skills:

- can follow verbal instructions independently     can follow written instructions independently  
 requires support following verbal instructions     requires support following written instructions

**Section G: Transportation**

**I understand that March of Dimes Canada will not be able to provide transportation to and from the program and that I will need to make my own travel arrangements:**  Yes

Are you able to travel to/from the program independently:  Yes  No

If no, are you able to use community resources for transportation:  Yes  No

**Section H: Education**

Please indicate your level of education:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Grade 6 or less | <input type="checkbox"/> Grade 10            | <input type="checkbox"/> Post- secondary, please specify: |
| <input type="checkbox"/> Grade 7         | <input type="checkbox"/> Grade 11            |   |
| <input type="checkbox"/> Grade 8         | <input type="checkbox"/> Grade 12            |   |
| <input type="checkbox"/> Grade 9         | <input type="checkbox"/> High School Diploma |   |
|  |  |   |

**Section I: Program Goals:**

Please list and describe the goal(s) you would like to achieve while attending the program, e.g., learning to navigate the transit system, budgeting skills, meal planning and healthy eating, etc.:

Keeping in mind the goals you described above, check the boxes below for skills/interests/activities you think you would like to develop or try:

- |   |  |
|---|--|
| <input type="checkbox"/> Accessing technology and assistive devices               | <input type="checkbox"/> Developing friendships                      |
| <input type="checkbox"/> Awareness of cyber-safety                                | <input type="checkbox"/> Enjoying outdoor activities                 |
| <input type="checkbox"/> Benefits of healthy eating                               | <input type="checkbox"/> Feeling fit and active                      |
| <input type="checkbox"/> Considering going to college                             | <input type="checkbox"/> Knowing and explaining your medical history |
| <input type="checkbox"/> Creating a budget  | <input type="checkbox"/> Knowing the effects of alcohol and smoking  |
| <input type="checkbox"/> Creating a cover letter and resume                       | <input type="checkbox"/> Meeting people                              |
| <input type="checkbox"/> Creating an online portfolio                             | <input type="checkbox"/> Preparing for interviews                    |
| <input type="checkbox"/> Developing and maintaining healthy relationships, dating | <input type="checkbox"/> Setting goals for the future                |
| <input type="checkbox"/> Developing and maintaining self-esteem                   | <input type="checkbox"/> Using a credit card                         |
|   | <input type="checkbox"/> Knowing and explaining your medical history |
|   | <input type="checkbox"/> Knowing the effects of alcohol and smoking  |

Program Options	Please check the box(es) for the week(s) you would like to attend
<p><b>Life Skills Workshops</b> 2day/week (topics include: goal-setting, Healthy Eating/Cooking, Stress &amp; Coping, Financial Literacy, Healthy Relationships)</p> <p><b>Social and Recreational Outings</b> 2 day/week (various locations around Calgary, participants meet at location of outing)</p> <p><b>Music Therapy</b> 1day/week</p>	<p><input type="checkbox"/> Wish to enroll</p> <p>October 16<sup>th</sup> to 20<sup>th</sup>, 2017 Cost: \$50.00</p>
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**Section J: Method of Payment**

- March of Dimes Canada strives to serve all segments of the community, including those with limited financial means. If financial circumstances limit an applicant's ability to participate, assistance may be provided. Applicants must demonstrate financial need in order to be eligible for the contribution amount to be reduced or waived. Please submit applicant's Notice of Assessment with the application form. Upon acceptance to the program, those who qualify for financial assistance will be contacted and provided with a Contribution Assessment Form.
- Program fees are not eligible for tax receipts; however, a tax receipt will be issued for donations over and above the program fee amount
- Invoices will be sent out upon acceptance to the program with the cost. If you would like an estimate of the program cost please contact a staff member.
- Payment is accepted by cheque or credit. Cheques can be made payable to March of Dimes Canada and can be mailed with the application. Payments will not be processed until acceptance into the program has been confirmed. Payment is required prior to the start of the program.
- If a participant withdraws from the L.I.F.E. program for a medical reason or due to unforeseen circumstances, the program fee will be reduced or a portion will be returned if payment has been made. A written explanation from a doctor is required. If a participant withdraws or is dismissed from the L.I.F.E. program for any other reason, no refund will be given.

Please select your preferred form of payment:     Credit Card     Cheque     Cash

For credit card, please contact program staff with card details (Card type, Name on card, Card number, Expiry Date) or provide during intake interview.

**Section K: Release of Information**

March of Dimes Canada is pleased to provide you with service. From time to time we are interested in receiving your feedback, and would like to send you information to help us better serve you. Our Quality Service policy is, "To Ensure that anyone affiliated with March of Dimes Canada recognizes all internal and external contacts as customers and is committed to delivering Quality Service to each and every one of them."

In order to conduct satisfaction surveys or to tell you about other services, we request your permission to contact you. In the future, we may like to contact you for one or more of the reasons listed at the bottom of this letter. This will help us continue to offer you quality services and respect your privacy and personal wishes. Thank you for your assistance.

I agree that March of Dimes Canada may contact me for the following reasons: (check all that apply)

- To obtain feedback on services I receive at March of Dimes Canada
- To advise me of new information or services that may be of interest to me
- To provide me with volunteer opportunities
- To solicit my view on services or policies affecting people with disabilities

**Section L: Declaration and Signatures**

In the event that a Consumer is only able to provide verbal consent, the signature of a witness is required. The Witness, when required, acknowledges that the Consumer has confirmed that the program Supervisor/Designate has explained each clause of this document to him/her and the Consumer appears to have fully understood this document.

This form may be signed by either the Consumer or his/her Substitute Decision Maker (SDM). Where there is a signature of a SDM, March of Dimes Canada must have documentation validating the status as an SDM on file.

I, \_\_\_\_\_ have reviewed this LIFE Toronto application form and agree that the contents of this application are a true and accurate representation of my needs and abilities.

Name of applicant/SDM: (print name)	Signature:	Date (mm/dd/yy):
Name of Witness: (if applicable, please print)		