



CASS

Friendship and Dating Program Application Form

Applicant Information				
Name:		Gender Identity: *optional*	Pronouns: *optional*	Age:
Phone Number:		Email:		
Address:	NUMBER	STREET	CITY	PROVINCE
	POSTAL CODE			
Are you your own legal guardian?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is the full name of your legal guardian?		
<i>If applicable</i> , what is your legal guardian's contact information?				
Who are your CASS Coordinators?				
Communication/Assistive Needs				
The Friendship & Dating Program uses some written material as part of its curriculum. Do you need any support with reading, writing, or understanding written documents? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If you do need support, who helps you with this?				
It is the individual's responsibility to get to and from the group's community activities. Will you require assistance from a support staff to help you access the program? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please describe the type of assistance you require:				
Please indicate your means of transportation to and from the group?				
<input type="checkbox"/> ACCESS Calgary	<input type="checkbox"/> Calgary Transit	<input type="checkbox"/> Staff Vehicle	<input type="checkbox"/> Other (please specify):	
Medical Needs				
Are there any medical concerns (e.g. seizure disorders, allergies, etc.) that we need to be aware of in case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please list here:				
Do you have any allergies (e.g., food, environmental)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please list here:				

