



I HAVE A CHANCE SUPPORT SERVICES LTD.

APPLICATION FOR SERVICES

1. INDIVIDUAL INFORMATION

Applicant's Name: _____
Last First Middle

Address _____

Phone Number: _____

Date of Birth _____
Day Month Year

Male: _____ Female: _____ Marital Status _____

Length of Residence in Alberta: _____ Language Spoken: _____

Language Understood: _____

Health Care Number and Provider: _____

Blue Cross or Other: _____

Social Insurance Number: _____

Referral Source: _____

2. FAMILY INFORMATION

Mother:

Name: _____

Address: _____

Father:

Name: _____

Address: _____

3. SUPPORT SYSTEM

Emergency Contact:

Name: _____

Address: _____

Telephone: _____
Home Work

Name: _____

Address: _____

Telephone: _____
Home Work

Name: _____

Address: _____

Telephone: _____
Home Work

4. LEGAL STATUS

Independent Adult: _____ Yes _____ No
(If no, please complete the following)

- A. **Legal Guardianship:** Public: _____
Private: _____
Partial: _____
Plenary: _____

1. Name: _____

Address: _____

Phone: _____(Work)_____ (Bus)

2. Alternate Guardian

Name: _____

Address: _____

Phone: _____ (Work) _____ (Bus)

B. **Legal Trusteeship:**

Public: _____

Private: _____

Partial: _____

Plenary: _____

1. Name: _____

Address: _____

Phone: _____ (Work) _____ (Bus)

3. Alternate Trustee

Name: _____

Address: _____

Phone: _____ (Work) _____ (Bus)

5. **General Information**

A. **Social Worker:**

Name: _____

District Office: _____

Phone Number: _____

B. **Client Services Worker:**

Name: _____

District Office: _____

Phone Number: _____

C. **Present General Practitioner:**

Name: _____

Address: _____

Phone Number: _____

D. **Specialists:**

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

E. **Dentist:**

Name: _____

Address: _____

Phone Number: _____

F. **Dental Specialist:**

Name: _____

Address: _____

Phone Number: _____

6. List any special care placements since birth, i.e., relief, institutions, hospitals, group homes.

<u>Place</u>	<u>Address</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Education and Training Programs**

Fill out only applicable spaces. List Education and Training Programs including vocational and secondary education. Please begin with most recent programs.

Education

<u>School or Program</u>	<u>Dates</u>	<u>Teacher/Supervisor</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **Communication Skills**

- | | | | |
|-----------------|-------|---------------------------|-------|
| a. No sounds | _____ | g. Clear Speaking Ability | _____ |
| b. Gestures | _____ | h. Reading Ability | _____ |
| c. Vocalization | _____ | i. Writing Ability | _____ |
| d. Single Word | _____ | j. Sign Language | _____ |
| e. Phrases | _____ | k. Special Aids | _____ |
| f. Sentences | _____ | | |

Describe: _____

9. **Mobility**

A. Walks with assistance? _____ Walks independently? _____

B. Please check the applicable categories below:

- Use electric wheelchair
- Use regular wheelchair
- Use crutches
- Use canes
- Use walker
- Use wheelchair and crutches or cane
- Use wheelchair plus walk unassisted
- Walks with personal assistance
- Other:

Please explain in detail: _____

10. **Sitting Ability**

A. No Restrictions _____ Special Needs _____

B. Sitting tolerance less than two hours _____

C. Sitting tolerance two hours or more _____

Please describe special needs/support required: _____

11. **Social Skills and Interpersonal Relationships**

A. Describe general attitude and motivation: _____

B. Describe applicant's interaction with others: _____

C. Describe applicant's ability to express feelings/emotions: _____

D. What situations (positive/negative) bring about changes in applicants usual dispositions.
Describe response to these situations: _____

12. Independent Living Skills

PERSONAL CARE	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
1. Toileting						
2. Washing face and hands						
3. Sponge bathing						
4. Bed bath						
5. Tub bath						
6. Shampooing hair						
7. Combing hair						
8. Brushing teeth						
9. Shaving face, legs, etc.						
10. Menstrual Care						
11. Cutting toe and finger nails						
12. Dressing and undressing						
13. Wardrobe co-ordinating						
14. Positioning during night						
15. Resting during day						
16. OTHER						

12. Independent Living Skills (con't.)

MEALS AND RELATED SKILLS	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
1. Eating						
2. Drinking						
3. Special diet						
4. Menu planning						
5. Meal preparation						
6. Grocery Shopping						

Any food allergies? Yes No

Please Describe: _____

HOMEMAKING SKILLS	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
1. Use of appliances(which appliances)						
2. Does individual use cleaning/maintenance of appliances						
3. Table setting						
4. Clear table						
5. Wash dishes						
6. Sweeping / mopping						

12. Independent Living Skills (con't.)

HOMEMAKING SKILLS	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
7. Wash floors						
8. Dusting						
9. Wash laundry						
10. Clean windows						
11. Ironing						
12. Dry laundry						
13. Clean bathroom						

Additional Comments: _____

TRANSPORTATION	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
1. Public transportation						
2. Special transportation						
3. Driving ability						
4. OTHER:						

12. **Independent Living Skills (con't.)**

OTHER SKILLS	Not Applicable	Independent	Requires Prompting	Requires Assistance	Done for Individual	Describe skills, type of prompting or assistance required
1. Use of telephone						
2. Knowledge of emergency procedure at home/school						
3. Time telling skills						
4. Number skills						
5. Money skills						
6. Budgeting						
7. Use of bank						
8. Shopping						
9. OTHER:						

Any additional comments: _____

12. Reason for Admission to I Have A Chance Support Services Ltd.? _____

13. When does the applicant require services? _____

14. Is admission to other agencies being applied for as well? _____ Yes _____ No



Date

Signature