



Creating Community and Providing Opportunities for Acceptance and Growth

997 4th Ave. East, Box 774
Owen Sound, Ontario
N4K 5W9

ADMISSION APPLICATION

ENROLMENT

Step 1 – Family Conference

Families considering REACH enrolment for their son/daughter/sibling should contact the REACH office (519-377-9204) to set up an appointment for a family conference with Program Staff.

Families must bring their son/daughter to the family conference together with a completed application form.

Using the completed application form as the basis for discussion, the family conference seeks to:

- Give REACH staff and potential participant an opportunity to meet in person.
- Outline the participant's interests as well as identify personal care and support needs.
- Consider the potential participant's attendance and start date.
- Confirm The REACH Centre fees and give an overview of the billing/payment process.

Step 2 – Written notification from REACH

Following the Family Conference, the family will be notified whether or not a placement will be offered. Please note: The REACH staff will not confirm enrolment at the time of the Family Conference.

Where a placement can be offered, families will receive written confirmation that includes:

- Three copies of a completed Participant Schedule Agreement for the family's signature that outlines the attendance plan and billing information. If applicant has a support worker, support worker must provide cleared police check (from within 1 year).
- A copy of REACH Family Handbook of policies and procedure
- Consent forms are signed by applicant/guardian including: Waiver of understanding and consent form, and travel form

Step 3 – Family accepts placement offer and commits to attendance

Family completes and returns two copies of the Participant Schedule Agreement to REACH signed and accompanied by 12 post-dated cheques. Participant starts and attends REACH as indicated on the Participant Agreement Schedule.

Registration is not complete – and the participant cannot begin attending REACH until REACH is in receipt of the complete, signed and dated Participant Schedule Agreement and post-dated cheques.

To ensure a new participant's successful integration into the program, the family and REACH will have a one-month trial period.

Entry date determined _____

The REACH Centre
ADMISSION APPLICATION
Applicant Information Profile

Name: _____

Medical Contact:

Family Doctor's Name: _____

Address: _____

Phone #: (_____) _____

Are all of the applicant's immunizations up to date?

If not, specify: _____

Allergies:

Food: _____

Drug: _____

Environmental (ex. Bee stings, latex, dust): _____

Please explain any physical signs that may indicate an allergic reaction and the course of treatment required: _____

Developmental Diagnosis: _____

Medical History:

Please give a brief description of the applicant's medical conditions, diagnosis and symptoms to be aware of: _____

Please comment if treatment is required for the following:

Seizures: _____

Respiratory: _____

Circulatory/Cardiac: _____

Nutrition:

Are there any special Dietary Requirements: _____

ADMISSION APPLICATION
Applicant Information Profile Cont'd

Please indicate the applicant's attributes in the following areas:

Communication:

Receptive Speech -Understands Complex Instructions _____
-Understands Simple Instructions _____
-Understands if shown _____
-Does not understand _____
-Understands Sign Language _____

Expressive Speech -Uses sentences _____
-Uses words or short phrases _____
-Uses sounds and gestures _____
-Uses sign language _____
-Uses communication device (e.g. PECS) _____
-No communication _____

Comments: _____

Mobility: -Independent _____
-Needs assistance _____
-Walks with assistance _____
-Uses wheelchair independently _____
-Uses wheelchair with assistance _____

Comments: _____

Toileting: -Completely Dependent _____
-Needs assistance monthly (e.g. menstruation) _____
-Needs assistance rarely _____
-Independent _____

Comments: _____

ADMISSION APPLICATION
Applicant Information Profile Cont'd

Supervision Required:

Capable of carrying out tasks without supervision.

Rarely _____
 Sometimes _____
 Often _____

Works well in small groups.

Rarely _____
 Sometimes _____
 Often _____

How much support does the applicant receive each week?:

Communicative Behaviours

Concerns regarding the following:

	Physical Aggression	Frustration	Outbursts	Extreme Shyness	Other_____
Never					
Rarely					
Sometimes					
Often					

Comments: Please describe the type of intervention used with the communicative behaviours outlined in the table. EX. Verbal, physical

What other programs does the applicant attend each week?:

The REACH Centre
ADMISSION APPLICATION

Caution Sheet

*The cautions sheet is a quick reference for staff and volunteers when working with the participant.

*Refer to Personal Information Profile for more Information.

	YES	NO
Allergies		
Arthritis		
Behaviours		
Chokes Easily		
Constipation		
Circulatory Problems		
Dentures		
Diabetic		
Diarrhea		
Epilepsy		
Fear (water, animals etc.)		
Hearing Loss		
Hearing Aids		
Hep B Carrier		
Psychiatric Problems		
Respiratory Problems		
Special Diet		
Stomach Problems		
Takes Medication Daily		
Takes PRN Medication		
Varicose Veins		
Wears Glasses or Contacts		
Wears Braces/Special Shoes		
Uses Alternative Communication		

*Refer to Personal Information Profile for more information.

The REACH Centre
ADMISSION APPLICATION
Emergency Sheet

*The emergency sheet is to accompany each student on outings in case of emergency.

Participant's Name: _____

Date of Birth (Y/M/D): _____

Home Address: _____

Home Phone #: (_____) _____

Health Card #: _____

Doctor's Name: _____

Doctor's Phone #: (_____) _____

Developmental Diagnosis: _____

Allergies: _____

All Medications: (attach additional page if necessary) _____

Emergency Contacts:

(Please include all numbers they can be reached at.)

1. _____

2. _____

3. _____

Additional Notes:

Date: _____

The REACH Centre - ADMISSION APPLICATION
WAIVER OF LIABILITY AND CONSENT FORM

1. I/We understand that if my child is not independent (as identified by the REACH program) they are required to attend REACH with a support worker.
2. I/We understand that the fees are to be paid before September of the current year using post-dated cheques over the 12 months.
3. I/We understand that it is the participants/families responsibility to provide transportation to and from REACH in a timely manner.
- 4. I/We understand that it is not the responsibility of the REACH staff, nor will it be permitted for the staff to dispense medication or provide hands on care.**
5. I/We understand that information collected regarding participants may be shared with family support workers, staff, board members and volunteers on an as needed basis to ensure appropriate and safer supports. I/We consent to the release of this information. I/We understand that any information I/we obtain regarding other participants is to remain confidential.
- 6. I understand that the admission to the REACH program is an “at will” arrangement by both parties and can be discontinued at anytime.**
7. I/We understand that family support workers must meet the expectations of the REACH Program. This includes but is not limited to providing a yearly criminal reference check in September of the current year, signing a confidentially agreement and abiding by the rules and regulations of the REACH Program.
- 8. I/We consent to let the participant take part in the REACH Program and all its various activities. I understand that, although the staff, support and volunteers provide as safe as an environment as possible, there is always an element of risk. Therefore, I, the undersigned, will not hold REACH, Georgian Shores United Church, staff, volunteers or board members responsible for anything that should happen to the participant.**
9. In the event of an emergency, the family will be contacted immediately. In the event that the family/guardian cannot be reached, the emergency contacts will be contacted. If anyone’s health and/or well-being is compromised in any way, 911 will be called. Any related expenses (e.g. Ambulance charges) are the responsibility of the family/guardian.
- 10. I/We understand that acts of Physical Aggression may result in the participant being asked to leave REACH for the remainder of that REACH Day at the discretion of the REACH Staff.**

Parent/Guardian initial: _____

The REACH Centre
ADMISSION APPLICATION
WAIVER OF LIABILITY AND CONSENT FORM Cont'd

REACH Consent & Release:

Please initial the following to signify consent for your Son/Daughter's participation.

_____ REACH may use photos or accomplishments of your family member in our newsletters.

_____ REACH may use photos or accomplishments of your family member on the REACH website or in REACH promotional brochures or flyers.

_____ Your family member may be videotaped photographed and/or interviewed for media stories. The images and/or audio may be used in local, national or international news stories about REACH programs, initiatives, awards and/or events.

Authorization and Release

I hereby consent to participation in the REACH activities as described above. I understand this Waiver of Liability and Consent & Release Form will be effective during my family member's enrolment at REACH.

I am the parent or guardian of _____ and I consent to this Waiver of Liability and Consent and Release.

Parent/Guardian signature: _____ | _____ Date: _____

Print Parent/Guardian name: _____

Witness signature: _____ Date: _____

Print Witness name: _____