

ADMISSION APPLICATION

ENROLMENT

Step 1 – Intake Conference

Applicants and Caregivers considering REACH enrolment should contact the Executive Director, Jennifer Miller at 519.377.9204 or via email at ed@reachcentre.org to set up an appointment for an intake conference.

Caregivers must bring the potential participant to the intake conference together with a completed application form.

Using the completed application form as the basis for discussion, the intake 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 processes.

Step 2 – Written Notification from REACH

Following the Intake Conference, the individual/caregiver 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 Intake Conference.

Where a placement can be offered, individuals/caregivers will receive written confirmation that includes:

- A completed Participant Schedule Agreement for signature that outlines the attendance plan and billing information. If applicant has a support worker, support worker must provide valid police check.
- A copy of REACH Family Handbook of policies and procedure
- Consent forms and waivers that are signed by applicant/caregiver.

Step 3 – Family accepts placement offer and commits to attendance

Applicant/Caregiver completes and returns an original signed copy of the Participant Schedule Agreement to REACH accompanied by 12 post-dated cheques. Participant starts and attends REACH as indicated on the Participant Agreement Schedule.

Registration in 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 applicant/caregiver and REACH will have a one-month trial period.

Entry date determined _____

Participant Contact Summary Sheet

Applicant Name: _____

Last

First

Middle

Home Address: _____

Home Phone # _____

Health Card # _____

Doctor's Name: _____

Doctor's Phone #: _____

All Medications: _____

Mother's Name/Guardian: _____

Home Phone #: (_____) _____ **Cell Phone #** (_____) _____

Home Address: _____

Postal Code: _____ **Email:** _____

Father's Name/Guardian: _____

Home Phone #: (_____) _____ **Cell Phone #** (_____) _____

Home Address: _____

Postal Code: _____ **Email:** _____

Emergency Contact Name: _____ **Phone #:** (_____) _____

Relationship to Applicant: _____

Emergency Contact Name: _____ **Phone #:** (_____) _____

Relationship to Applicant: _____

Support Worker's Name: _____ **Phone #:** (_____) _____

Support Worker's Email: _____

Signature of Parent/Guardian: _____

CLIENT PROFILE

NAME OF CLIENT: _____

DATE OF BIRTH: _____

DATE OF REFERRAL: _____

GENDER: _____

PERSONS INVOLVED WITH THE CLIENTS INTERNAL ASSESSMENT

NAME	
REALATIONSHIP TO CLIENT	
ADDRESS	
PHONE	
EMAIL	

NAME	
REALATIONSHIP TO CLIENT	
ADDRESS	
PHONE	
EMAIL	

NAME	
REALATIONSHIP TO CLIENT	
ADDRESS	
PHONE	
EMAIL	

DIAGNOSIS

LEVEL OF INTELLECTUAL DISABILITY

Borderline	Mild	Moderate	Severe	Profound
Comments:				

FAMILY

CONTACT WITH FAMILY (i.e. describe who and relationship level, level of contact etc.)

Name:
Name:
Name:
Name:
Name:
Name:

CLIENT / FAMILY HISTORY

Comments:

HEALTH NEEDS

DOCTOR: _____

PHONE: _____

ADDRESS: _____

COMMENTS:

VISION

Good vision	Reading glasses	General glasses	Assistance with glasses
Comments:			

HEARING

Good	Poor	Aid required	Assistance with aid required
Comments:			

DENTAL

Own teeth	Dentures	Plate
Comments:		

WHAT ALIMENTS ARE KNOWN THAT THE INDIVIDUAL IS PRONE TO?

ALLERGIES/DIETARY RESTRICTIONS: THEIR SIDE AFFECTS AND TREATMENT?

HISTORY OF EPILEPSY: TYPE OF SEIZURES, SEVERITY AND BEHAVIOURS

DIAGNOSED PSYCHIATRIC ILLNESS: TYPE AND BEHAVIOURS

Comments:

Please attach any behaviour management, epilepsy or crisis plans.

PERSONAL HYGIENE

TOILETING

Can independently toilet self in familiar surroundings	
Can independently toilet self in community venues	
Can independently toilet self in community venues given verbal assistance or physical assistance to the door	
Requires physical assistance toileting in community venues	
Requires physical assistance toileting at all times	
Comments:	

MENSTRUATION

Comments:

DRESSING / UNDESSING

Can independently choose appropriate clothing for weather	
Can independently choose appropriate colour combination	
Can independently dress self (belt buckles, buttons, laces, etc)	
Requires minimal assistance	
Requires total assistance	
Requires checking	
Comments:	

EATING / DRINKING DIETS

Comment:

SLEEP / REST

Comments:

EXERCISE

Comments:

RECREATION; LEISURE; HOBBIES

LIKES:	DISLIKES:
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FAVORITE TOPICS OF INTEREST / CONVERSATION QUES

Comments:

TRIGGERS AND RESULTING BEHAVIOURS

Comments:

MOTOR DEVELOPMENT

Hand / eye coordination	
Grasp	
Strength	
Fine motor skills	
Run	
Jump	
Posture	

MOBILITY / INDEPENDENCE

Can independently get to and from Centre	
Can independently get to and from visiting friends	
Requires bus training for new routes	
Requires taxi transport occasionally	
Requires taxi transport other than to work	
Requires taxi transport always	
Can independently move around the home and work place	
Requires physical aids to move around (wheelchair, sick, frame)	
Comments:	

COMMUNICATION

GENERAL (i.e. very good, good, poor, very poor)
ABILITY TO CONVEY WISHES
ABILITY TO CONVERY PERSONAL NEEDS (i.e. unwell, pain, help)
ABILITY TO EXPRESS EMOTION (i.e. smiling, crying, expressions)
ABILITY TO FOLLOW INSTRUCTIONS
ABILITY TO UNDERSTAND TIME:

PERSONAL SAFETY

Fire drill awareness	
Electrical equipment	
Road skills	
Community awareness	
Comments:	

ORIENTATION IN LOCAL COMMUNITY

Independence	
Support required	
Ability to seek help	
Knowledge of area	
Toilets	
Shops	
Bus stops	
Library	
Comments:	

ABILITY IN UNFAMILIAR SURROUNDINGS

Comments:

SOCIAL AND PERSONAL DEVELOPMENT

Comments:

SOCIAL SKILLS

TELEPHONE SKILLS

Look up numbers	
Take a message	
Use public pay / card phones	
Use cell phone	
Comments:	

ANTI-SOCIAL CHALLENGING BEHAVIOURS
 (identify behaviour and guidance/management of such)

Comments:

Please attach any management / crisis plans.

DOMESTIC AND HOUSEHOLD SKILLS

DISHES

Can independently wash dishes	
Requires verbal prompting	
Require physical assistance	
Can independently dry dishes	
Requires verbal prompting	
Require physical assistance	
Can independently stack dishwasher	
Requires verbal prompting	
Require physical assistance	
Can independently empty dishwasher	
Requires verbal prompting	
Require physical assistance	

WASHING CLOTHING

Can independently sort washing	
Can independently put powder in machine	
Can independently turn machine on	
Requires verbal assistance	
Requires physical assistance	
Can do none of these	

VACUUMING

Can independently vacuum as required	
Requires verbal prompting to vacuum	
Requires physical assistance to complete task	
Requires checking on completion of task	
Can do none of the above	
Comments:	

BATHROOM AND TOILETS

Can independently clean basin and toilet	
Requires verbal prompting	
Requires physical assistance	
Can do none of the above	
Comments:	

MAKE TEA / COFFEE

Can independently make hot drink	
Can make hot drink if kettle is boiled	
Can pour tea once made	
Can do none of the above	
Comments:	

BAKING SKILLS

Can independently follow simple written recipes and uses hot plates and oven	
Can do the above if recipes are verbally written out	
Requires total verbal direction in all aspects	
Requires verbal and physical assistance	
Can independently use hot plates only	
Will assist with all aspects of baking but can not use hot plates at all	
Can do none of the above	
Comments:	

MONEY SKILLS MANAGEMENT

Comments:

ABILITY TO READ / WRITE

Comments:

VOCATIONAL / DAY ACTIVITIES / SUPPORTED EMPLOYMENT

NAME:
ADDRESS:
PHONE:
CONTACT PERSON:
COMMENTS:

NAME:
ADDRESS:
PHONE:
CONTACT PERSON:
COMMENTS:

NAME:
ADDRESS:
PHONE:
CONTACT PERSON:
COMMENTS:

DEESCALATING STRATEGIES CURRENTLY USED

Comments:

GOALS (areas of focus / priority skill development)

Comments:

NOTES

The REACH Centre Grey Bruce
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/We 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 confidentiality 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/We 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/We, 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.

REACH Centre Grey Bruce CONSENT AND 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: _____

REACH Centre Grey/Bruce Travel Form

Participants of the REACH Centre Grey/Bruce will be going on many outings in and around our community. This will include walking and/or driving with REACH Centre staff members, support workers, volunteers and board members. This permission form is being used to cover all outings either walking or driving.

I give _____ permission to travel in and around our Community with REACH Centre staff, support workers, volunteers and board members.

I give consent for REACH Centre Grey/Bruce staff, support workers, volunteers and board members to seek medical attention on behalf of my son/daughter, _____ in the event of a medical emergency while at the REACH Centre or out in the community.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Annual Schedule 2020/2021 - UPDATE

REACH will be closed the following days:

- August 3, 2020 – Civic Day
- September 7, 2020 – Labour Day
- October 12, 2020 – Thanksgiving
- December 21, 2020 to January 3, 2021 – Winter Break – REACH Closed
- February 15, 2021 – Family Day
- May 24, 2021 – Victoria Day
- July 1, 2021 – Canada Day
- August 2, 2021 – Civic Day
- August 23, 2021 – September 2, 2021 – Summer Break 0 REACH Closed
- September 6, 2021 – Labour Day

2020/2021	Days / Cost		Days / Cost		Days / Cost		Days / Cost	
	Monday		Tuesday		Wednesday		Thursday	
September 2020	3	\$195	5	\$325	5	\$325	4	\$260
October 2020	3	\$195	4	\$260	4	\$260	5	\$325
November 2020	5	\$325	4	\$260	4	\$260	4	\$260
December 2020	2	\$130	3	\$195	3	\$195	3	\$195
January 2021	4	\$260	4	\$260	4	\$260	4	\$260
February 2021	3	\$195	4	\$260	4	\$260	4	\$260
March 2021	5	\$325	5	\$325	5	\$325	4	\$260
April 2021	4	\$260	4	\$260	4	\$260	5	\$325
May 2021	4	\$260	4	\$260	4	\$260	4	\$260
June 2021	4	\$260	5	\$325	5	\$325	4	\$260
July 2021	4	\$260	4	\$260	4	\$260	4	\$260
August 2021	2	\$130	3	\$195	3	\$195	3	\$195

When filling out post-dated cheques, please add together the number of days your son/daughter attend. Then add the amount per day to get the cost per month.

Example: If your son/daughter will be attending Tuesdays and Thursdays in September, the number of days would be 9 days and the cost would be \$585.00 for that month.

Participant Schedule Agreement for Services

AGREEMENT BETWEEN:

Parent/Guardian: _____

Address: _____

AND

The REACH Centre Grey Bruce
369 8th Street East, Owen Sound, ON N4K 1L3

_____ will attend REACH Centre starting on _____
(Participant Name) (Date)

According to the weekly schedule shown below (with the exceptions of Ontario Statutory Holidays; 2 weeks at Christmas and the last 2 weeks of August).

Weekly Schedule	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Full Day				
Half Day				

NOTE: Half Days are only available in the event participant has a medical condition, job or volunteer commitment.

PROGRAM FEES: Daily Rate: \$65.00 / Half Day Rate: \$35.00

To confirm program placement, post-dated cheques in the following amounts are to be provided to the REACH centre prior to commencement.

2020		2021			
September	\$	January	\$	June	\$
October	\$	February	\$	July	\$
November	\$	March	\$	August	\$
December	\$	April	\$	September	\$
		May	\$		

This agreement may be terminated by the parent/guardian and/or by the REACH Centre upon thirty days written notice or one month's fees in lieu of notice. Notice of termination shall be received on or before the first day of the month.

I hereby acknowledge that I am aware of the conditions stated in this agreement and that I agree to abide by these requirements. I hereby acknowledge that I have read and understand the REACH's Family Handbook and agree to abide by all policies contained therein.

SIGNED: _____ DATED: _____

SIGNED: _____ DATED: _____