



Thank you for your interest in the REACH Centre Grey Bruce program. Upon receipt, your application will be reviewed, and you will be contacted for an Intake Assessment. Caregivers must bring the potential participant to the assessment. The assessment typically takes about an hour and includes a tour of the facilities. If

all parties agree the potential participant is a good fit, you will be accepted and put on the waitlist for service depending on which day(s) of the week you would like to attend. You will receive the Caregiver Handbook and be added to our email broadcast list for news and updates. Upon availability of a spot in the program, you will be notified in advance of placement. Once you accept the placement, you will be required to submit a Participant Agreement Form and 12 post-dated cheques. REACH Centre does not provide transportation.

APPLICANT INFORMATION

First Name: _____

Last Name: _____

Name Used (Nick Name): _____

Date of birth (mm/dd/year): _____

Gender: Male Female Prefer not to say

Applicant Email: _____

Applicant Cell: _____

Full mailing address: _____

Present living arrangement? Parental Home Residential Care/Group Home
 Independent Other (split living etc. please specify):

PARENT/CARETIVER INFORMATION (individual completing the form)

First Name: _____

Last Name: _____

Relationship to the applicant: _____

Full Mailing Address: _____

Email: _____

Cell: _____

Best way to contact you? Phone Email

FORMAL DIAGNOSIS AND MEDICAL CONDITIONS

Please provide a description of the diagnosis

Please list any psychiatric diagnosis and corresponding behaviours/triggers

Does the potential participant have any anti-social or challenging behaviours? Please list and how you address/manage these behaviours.

Please list any medications and doses:

Will medication need to be administered during the 9:00am to 4:00pm day? Yes No

Enter OHIP # and version code:

Name of primary doctor:

Phone number of primary doctor:

ALLERGIES AND DIETARY RESTRICTIONS

List all allergies:

Is an auto-injector required? Yes No

MOBILITY

Please indicate the mobility level of the potential participant:

Walks without aids

Walks with aids

Utilizes a wheelchair independently

Uses a wheelchair with assistance

Please select any motor skills requiring support:

Hand/eye coordination

Grasp

Fine motor

Run

Jump

Posture

Depth perception

Gross motor

COMMUNICATION Expressive/Receptive Language Skills

Please describe hearing ability:

Good

Poor

Hearing Aid

Deaf

Please describe how the potential participant communicates (mark only one):

- Verbal Vocalizes/makes sounds
 PEC Symbols ASL or modified sign language
 Non-verbal Other: _____

Please describe how the potential participant best receives information (mark only one):

- Verbal Visual
 Modeling (acting out) Other: _____

Please rate ability to convey wishes/personal needs (mark only one):

- Cannot 2 3 4 Detailed

Please rate ability to express emotion (mark only one):

- Cannot 2 3 4 Detailed

LEVEL OF INDEPENDENCE

- Completely independent: Yes No Can be left alone for short periods of time: Yes No
Requires prompts/reminders: Yes No Requires constant supervision: Yes No

Understands community safety: Yes No Other: _____

Will wander or attempt to leave an area/centre: Yes No Other: _____

Needs hand over hand assistance for manual tasks (i.e., stirring, folding, cutting): Yes No

Can use a cell phone: Yes No

Can ride public transportation independently: Yes No

Can do basic cleaning activities like vacuum, sweep or wash dishes: Yes No

Please rate their ability to be able to prepare a meal for themselves safely:

- Not at all 2 3 4 Independently

SELF CARE

Toilets themselves independently: Yes No

Can manage their own personal hygiene: Yes No

Able to wash hands independently: Yes No

Able to feed themselves independently: Yes No

Able to dress themselves independently: Yes No

Needs assistance with shoes, boots or outerwear: Yes No

LITERACY SKILLS

Can write their own name: Yes No

Can write words: Yes No

Please rate their ability to read:

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cannot read | 2 | 3 | 4 | Completely literate |

Can identify numbers: Yes No

Please rate their understanding of money:

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all | 2 | 3 | 4 | Completely |

Please rate their understanding of time:

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all | 2 | 3 | 4 | Completely |

ENVIRONMENTAL FACTORS

Sensitive to loud noises: Yes No

Will wear noise cancelling headphones: Yes No

Requires lots of personal space: Yes No

Sensitive to crowds: Yes No

Sensitive to smells: Yes No

Sensitive to heat/sun: Yes No

Sensitive to cold/winter: Yes No

Describe response to sensory over/under stimulation:

Please share strategies used to address sensory response:

PERSONAL INTERESTS

- | | | | |
|---------------------------------|------------------------------|-----------------------------------|-------------------------------|
| <input type="radio"/> Cooking | <input type="radio"/> Baking | <input type="radio"/> Crafts | <input type="radio"/> Reading |
| <input type="radio"/> Colouring | <input type="radio"/> Art | <input type="radio"/> Movies | <input type="radio"/> Dancing |
| <input type="radio"/> Singing | <input type="radio"/> Acting | <input type="radio"/> Socializing | <input type="radio"/> Hiking |
| <input type="radio"/> Biking | <input type="radio"/> Music | <input type="radio"/> Sports | <input type="radio"/> Fitness |

Other: _____

What are the areas of focus/priority skill development/goals:

COMMENTS

Please share any additional comments which may be helpful to staff.

DAYS OF THE WEEK REQUESTED

Please select which days you would like to attend:

- Monday Tuesday Wednesday Thursday

SIGNATURE

Print Name: _____

Signature: _____

Today's Date (dd/mm/year): _____ / _____ / _____

Thank you for your application to the REACH Centre Grey Bruce program. A representative will be in contact to follow up.