

### Application for Day Services

Applicant full name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Postal code: \_\_\_\_\_

Birth date: \_\_\_\_\_ (m/d/y)

S.I.N.: \_\_\_\_\_

E.I.A. #: \_\_\_\_\_

Manitoba Health #: \_\_\_\_\_ P.H.I.N. #: \_\_\_\_\_

Parent/guardian/caregiver name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ postal code: \_\_\_\_\_

### Emergency Contact Information

Name:

Phone number:

Address:

Postal Code:

Community Service Worker:

Phone number:

Address:

Phone number:

Postal Code:

**Reason for Referral:**

- Home Placement
- Apartment Support
- Day Service
- Other \_\_\_\_\_

**Applicant's Current Supports:**

Supported By Another Agency (Indicate Which One(S), Length Of Time And The Type Of Support Being Provided)

Refused Access To Another Program And Why.

Dismissal From Another Program And Why.

Institution

School

**Previous Day and Residential Placements:**

Placement:

Address:

Phone:

Postal Code:

Length: From \_\_\_\_\_ To \_\_\_\_\_

Please Describe:

Placement:

Address:

Phone:

Postal Code:

Length: From \_\_\_\_\_ To \_\_\_\_\_

Please Describe:

### **Education and Training**

School:

Age at graduation:

Years in school:

Type of Education:

Segregated (Non-Graded)

Integrated (All Classes)

Integrated (Non-Academic)

Special Facilities

Academic

Other (PLEASE SPECIFY) \_\_\_\_\_

Unknown

### **Transportation Used**

Public Transportation

Van

Walking

Other: \_\_\_\_\_

**Medical**

Physician:

Address:

Phone#:

Medical Concerns:

Diagnosis:

Specialists:

Name:

Address:

Phone#:

Name:

Address:

Phone #:

Name:

Address:

Phone #:

Medications:

Please List all medications this person is currently taking:

Please list any behaviors that interfere with daily living and how you support this person.

Dentist:

Address:

Phone #:

Dental Concerns:

Optometrist:

Address:

Phone #:

Ambulation:

- No Impairment
- Unsteady Gait/Excessively slow
- Other \_\_\_\_\_

Sight:

- No Impairment
- Visually impaired (Not Correctable)

Hearing:

- No Impairment
- Hearing Impaired (Including hearing deficit that is correctable)
- Deaf
- Other: \_\_\_\_\_

Fine and gross motor coordination:

- No Impairment
- Impairment (Please Specify)\_\_\_\_\_

Communication:

- Speaks Clearly in Sentences
- Speaks Unclearly in Sentences
- Uses Gestures, specify;
  
- Uses Communication Aides/Devices, specify
  
- Uses Sign Language

Indicate which skills the individual can complete and which skills the individual requires support.

**I=INDEPENDENT S=SUPPORT REQUIRED**

- Attendance and punctuality
- Personal Care and grooming (washing hair, bathing, shaving etc.) Explain Support Needed
  
- Makes own lunch
- Banking/Money Management
- Uses Telephone
- Makes own medical appointments
- Shops for Necessities
- Prepares own meals/Uses Stove

- Involved in Clothing Purchases
- Does Own Laundry
- Irons Own clothes
- Safe in community alone
- Administers own medications
- Travels independently in community
- Spends Time at home alone (How Long) \_\_\_\_\_

Is there anything else we may have missed?

### **Academic skills:**

Please Indicate:

- Simple Counting of Money
- Simple addition and Subtraction
- Complex Skills- Divide/Multiply etc...
- None of the Above

Time Awareness:

- Understands Hours and minutes
- Can Utilize hour and minute hands for appointments
- aware of time with prompting
- unaware of time

Word recognition:

- Discriminates between symbols
- Recognizes Some Words
- Simple Reading i.e; part of magazine or paper
- None of the above skills

Please describe the applicant (personality, likes and dislikes, etc.)

Describe Interests, Activities and Hobbies

Provide a brief history (include family members, network of friends and additional supports)

Please provide any other pertinent information.



Date of Agreement: \_\_\_\_\_ (M/D/Y)

Applicant's Start date: \_\_\_\_\_ (M/D/Y/)

Caregiver/Agency Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Authorized funding from Manitoba Family Services at:  
\_\_\_\_\_

Family Services Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_