

Moeen Centre

for Physically Disabled & Developmentally Challenged Young Adults

Application Form

Information of Individual Requiring Support

Last Name	First Name	Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ dd mm yyyy
Address: Street No. and Name			City/ Town	
Province	Postal Code		Home Telephone No. ()	
Mailing Address (if different from above) or email			Date Applicant Left School ____/____/____ dd mm yyyy	

Emergency Contact Information

Name _____ Relation to Applicant _____
 Phone No. (work) _____ (home) _____ (mobile) _____

What is the applicant's current living arrangement?

- Living with family
- Living in a group home
- Living alone/ with room mates
- Other (specify) _____

Languages spoken at home: _____

If not English, can the applicant understand and communicate in English? Yes No

Are you currently in receipt of Ontario Support Program (ODSP) Employment Supports?

- Yes
- No

Are you currently in receipt of Special Services at Home Program (SSAH)?

- Yes
- No

If no, do you require assistance in applying?

- Yes
- No

How will the applicant be travelling to and from the centre?

(TTC, Wheel Trans, private company, transported by caregiver/guardian)

Do you need help arranging transportation? Yes No

Skills and Abilities

	Independent	Requires Assistance	Dependent	N/A	Comments
Self Care					
Dressing Self					
Eating					
Bathing					
Controlling water temperature					
Brushing teeth					
Toileting					
Domestic Skills					
Preparing light meals					
Preparing hot meals					
General housekeeping					
Budgeting Skills					
Understanding concepts of money (bills, coins, making change)					
Making purchases at stores					
Saving/ budgeting money over time					
Using bank machines					
Community Skills					
Using public transit					
Awareness of emergency procedures (911, fire)					
Can tell time					
Has phone skills: dialing out and answering					
Length of time can be left alone (overnight and during the day)					

Communication Skills

- Verbal (English)
- American Sign Language
- Tablet (pictorial)
- Tablet (written)
- Computer
- Gestures and body language
- Other

Details _____

Applicant's receptive (English) language (understanding verbal commands)

Social/ Behavioural

How does the applicant interact socially? (independently seek others out and engages them or requires support with interaction with peers)

Applicant prefers:

- Small groups
- Large groups
- One to one interaction
- Can easily adjust to different sized groups

Is the applicant prone to wandering? Yes No

Has the applicant ever exhibited aggression to:

- Staff
- Other clients
- Self
- Environment/ objects

If yes, in what form?

- Hitting
- Biting
- Kicking
- Pushing
- Scratching
- Verbal
- Other _____

If yes, what possibly triggers the aggression? (over excitement, certain noises)

How best should staff respond?

What are the applicant's like and dislikes?

How does the applicant usually spend their leisure time?

Medical

Date of last annual medical: ____/____/____
dd / mm / yyyy

Does the applicant require any medication during their time at the centre? Yes No
If yes, please list the name of the medication, dosage and times to be administered

Does the applicant have any allergies we should be aware of? Yes No
If Yes please list:

Are there any medical conditions we should be aware of? (eg: epileptic) Yes No
If yes please list:

Name of Physician: _____ Phone No. _____
OHIP No. _____

Expectations

What are the goals the applicant would like to achieve at the Moeen Centre?

Please list any additional materiel or documentation you wish to share that will be helpful in developing tailored programming for the applicant.(diagnosis, school report cards)
* Please fill out additional Consent of Release of Information form*

How will you be able to contribute to the operation and development of the Moeen Centre?

- Board of Directors
- Volunteer
- Providing transportation
- Other (please state your ideas!) _____

I have included a personal cheque or money order for:

- The full monthly program amount
- The non-refundable deposit amount of \$100 to secure registration and attendance

Signature of parent or guardian _____ Date: _____

Please return to:

Moeen Centre For Physically Disabled
& Developmentally Challenged Young Adults
549 Donlands Ave.
Toronto, Ont
M4J 3S4
416-424-4026