



**Section A: Personal Information**

First Name:	Middle Initial(s):	Last Name:
Address:		
City:	Postal Code:	Home Telephone: (    )
Email Address:		I prefer contact by email: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Section B: Contact Information / Emergency Contact**

Direct all correspondence and communications to:

Applicant Parent/Guardian Next of Kin Contact

Emergency Contact Name:	Relationship to Applicant:
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Emergency Contact Address – if different from applicant’s address:

City:	Postal Code:	Home Telephone: (    )
Business Telephone: (    )	Extension:	Cell Phone: (    )

**Section C: Health Information**

Name of your physical disability (e.g., Cerebral Palsy, MS, SCI, etc.):

Other Conditions/Information:

Please list any allergies and describe their severity (e.g., food, medication, etc.):

Do you use an Epi-pen? Yes No

If yes, do you carry the Epi-pen with you at all times? Yes No

**Section D: Current Living Arrangements/Primary Caregiver**

Living Arrangements:

- Live alone
- Live with parents/guardians/caregiver
- Live with spouse/partner, or other adults
- Live in Shared Housing with support staff
- Other:

Primary caregiver:

- Parents/guardians/step-parents
- Siblings
- Hired attendant/PSW
- Shared Housing with support staff
- Spouse/Partner
- Self
- Combination:

**Section E: Activities of Daily Living**

**Please indicate the level of assistance that you require for each of the activities below**  
(accuracy in completing this section is essential to the planning of your care)

Task	Total Assistance	Some Assistance	No Assistance
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands/face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with bagged lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring:			
On and off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In and out of a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your preferred method of transferring:

- Hoyer  
  2-person transfer  
  1-person transfer  
  Sliding board

Do you have procedures completed by an OT/PT for transferring  Yes  No

If yes, please describe:

Will you have access to an attendant/caregiver/PSW who can provide personal care while you attend the program?  Yes  No

If no, will you require MODC to provide an attendant/caregiver/PSW who can provide personal care while you attend the program:  Yes  No

**Section F: Personal Care**

**Important Note:** This program does not provide medical care. It is a day program that provides light attendant care when and where required. Participants must be able to self-direct their own care with or without assistive devices.

Do you have control of: <input type="checkbox"/> Bowels <input type="checkbox"/> Bladder <input type="checkbox"/> Neither	Do you use: <input type="checkbox"/> Toilet <input type="checkbox"/> Commode chair	Do you use: <input type="checkbox"/> Attends <input type="checkbox"/> colostomy <input type="checkbox"/> condom drainage <input type="checkbox"/> ileoconduit	Catheter Type: <input type="checkbox"/> in-dwelling <input type="checkbox"/> intermittent
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**Section G: Communication**

Do you wear hearing aids:  Yes     No

Do you have speech difficulties:  Yes     No

If you answered Yes to either question above, how do you communicate:

- Verbally     Bliss board, symbols or picture board     Sign language  
 Other (specify):

Do you require assistance with communication:  Yes     No

Please describe your communication (e.g., ability to express needs, ask questions, etc.):

**Section H: Social Development and Cognitive Abilities**

Choose one of the options below to describe your social interactions:

- no difficulties functioning in social situations  
 need prompting and encouragement when getting involved in new experiences  
 need complete supervision within social situations

Choose one of the options below to describe your cognitive reasoning skills:

- clearly understand directions and respond accordingly  
 need some direction and further explanation at times  
 often experience confusion with comprehending minimal tasks

Literacy and comprehension skills:

- can follow verbal instructions independently     can follow written instructions independently  
 requires support following verbal instructions     requires support following written instructions

**Section I: Transportation**

Are you able to travel to/from the program independently: Yes No

If no, are you able to use community resources for transportation: Yes No

Is transportation a significant barrier to your attendance: Yes No

Do you require assistance with accessing community transit services: Yes No

Do you use any of the following:

- cane crutches walker braces  
power wheelchair manual wheelchair scooter

Are you able to transfer to a chair: Yes No

Are you able to walk: without assistance with assistance cannot walk

Are you able to weight-bear: Yes No

**Section J: Education**

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Grade 6 or less | <input type="checkbox"/> Grade 10            | <input type="checkbox"/> Business/Trade School | <input type="checkbox"/> Doctorate  |
| <input type="checkbox"/> Grade 7         | <input type="checkbox"/> Grade 11            | <input type="checkbox"/> Community College     | <input type="checkbox"/> Bachelor's |
| <input type="checkbox"/> Grade 8         | <input type="checkbox"/> Grade 12            | <input type="checkbox"/> Law Degree            | <input type="checkbox"/> Master's   |
| <input type="checkbox"/> Grade 9         | <input type="checkbox"/> High School Diploma |  | <input type="checkbox"/> No comment |

**Section K: Vocational or Technical Training**

Please describe any vocational or technical training that you have had in school. Include any paid, co-op, supported or volunteer community-based experiences that you have had.

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Describe any academic or vocational instructional strategies that were effective for you, e.g., job coaching:

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**Section L: Hobbies/Leisure**

Please describe the types of leisure activities in which you would like to engage:

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Please list any hobbies or interests and how you would like to see them incorporated into the program:

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**Section M: Program Goals:**

Please list and describe the goal(s) you would like to achieve while attending the program, e.g., learning to navigate the transit system, budgeting skills, meal planning and healthy eating, etc.:

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Keeping in mind the goals you described above, check the boxes below for skills/interests/activities you think you would like to develop or try:

- 
- |  |  |
|--|--|
| <input type="checkbox"/> Accessing technology and assistive devices              | <input type="checkbox"/> Developing friendships                      |
| <input type="checkbox"/> Awareness of cyber-safety                               | <input type="checkbox"/> Enjoying outdoor activities                 |
| <input type="checkbox"/> Benefits of healthy eating                              | <input type="checkbox"/> Feeling fit and active                      |
| <input type="checkbox"/> Considering going to college                            | <input type="checkbox"/> Knowing and explaining your medical history |
| <input type="checkbox"/> Creating a budget                                       | <input type="checkbox"/> Knowing the effects of alcohol and smoking  |
| <input type="checkbox"/> Creating a cover letter and resume                      | <input type="checkbox"/> Meeting people                              |
| <input type="checkbox"/> Creating an online portfolio                            | <input type="checkbox"/> Preparing for interviews                    |
| <input type="checkbox"/> Developing and maintaining health relationships, dating | <input type="checkbox"/> Setting goals for the future                |
| <input type="checkbox"/> Developing and maintaining self-esteem                  | <input type="checkbox"/> Using a credit card                         |
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**Section N: Program Request and Fees**

Please check the program option(s) below that interest you, or in which you wish to enroll:

<b>Program Options</b>	<b>Cost</b>	<b>Interested in / Wish to enroll</b>
<b>Life Skills Workshop</b> Mondays and Fridays – January 14 to March 22	\$400.00	<input type="checkbox"/> Interested <input type="checkbox"/> Wish to enroll
<b>Social Outings</b> Tuesdays – January 14 to March 22	\$200.00	<input type="checkbox"/> Interested <input type="checkbox"/> Wish to enroll
<b>Outward Bound Canada</b> Wednesday and Thursday - January 14 to March 22	\$400.00	<input type="checkbox"/> Interested <input type="checkbox"/> Wish to enroll
<b>Full 5-day program</b> Monday to Friday - January 14 to March 22	\$1,000.00	<input type="checkbox"/> Interested <input type="checkbox"/> Wish to enroll
<b>Total Enclosed: \$</b>		

**Section O: Method of Payment**

Visa    Mastercard    American Express    Cheque enclosed – Cheque #: \_\_\_\_\_

Authorized Signature of Cardholder: \_\_\_\_\_

Print name exactly as shown on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date on Card: \_\_\_\_\_

- Payment is accepted by cheque or credit. Cheques can be made payable to March of Dimes Canada and can be mailed with the application. Payments will not be processed until acceptance into the program has been confirmed. Payment is required prior to the start of the program.
- Program fees are not eligible for tax receipts; however, a tax receipt will be issued for donations over and above the program fee amount.

**Declaration and Signatures**

In the event that the Consumer is only able to provide verbal consent, the signature of a witness is required. The Witness, when required, acknowledges that that Consumer has confirmed that the Program Supervisor/Designate has explained each clause of this document to him/her and that the Consumer appears to have fully understood this document.

This form may be signed by either the Consumer of his/her Substitute Decision Maker (SDM). Where there is a signature of a SDM, March of Dimes Canada must have documentation validating status as a SDM on file.



I, \_\_\_\_\_ have reviewed this LIFE Toronto application form and agree that the contents of this application are a true and accurate representation of my needs and abilities.

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Name of applicant/substitute decision maker  
(print name):

Signature:

Date (mm/dd/yy):

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Name of Witness (if applicable- please print)

Signature:

Date (mm/dd/yy):

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Submitting this application does not guarantee acceptance to the program(s). Acceptance is dependent upon meeting eligibility criteria and available space. Notification will follow upon acceptance.