

## **Protection (Privacy) of Client Personal Information**

### **Purpose**

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

### **Consent**

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.



## Attendant Services Service Application

This form is consistent with Policy AS 02 01

<b>Client Name [Active SDM where authorized]</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>
<b>Witness Name *</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>
<b>Supervisor/Program Manager/Designate Name</b> <i>(please print):</i>	Signature:	Date: <i>(mm/dd/yy)</i>

\* Only required when Client unable to sign on own

**PLEASE NOTE:**

This application form is only to be used to apply for MODC Attendant Services. Should you also be interested in Brain Injury programs, you can download an application at <https://www.marchofdimes.ca/en-ca/programs/abi/ontario> or contact your local MODC office.

<b>Applicant Name:</b>	<b>Office Use Only</b>
<b>Date:</b>	
	<b>Client #:</b>

**March of Dimes Canada Community Support Services Office List**

You may apply to more than one office and/or location. A separate application will have to be completed for Attendant Services and Brain Injury Programs. Please select all applicable locations and offices below:

**\*If an applicant declines an offer to one or more of their selected locations/offices, they will be removed from that location/office’s waiting list and the date of decline will become the new date of application for all remaining applicable locations/offices.**

<u><b>LEGEND</b></u>	
<b>AS – Attendant Services</b>	<b>BI – Brain Injury</b>
<b>OAS – Outreach Attendant Services</b>	
<b>OS – Outreach Services</b>	<b>SHP – Supportive Housing Program</b>
<b>CCH – Congregate Care Home</b>	<b>Bdrm - Bedroom</b>

<b>LOCATIONS</b>	<b>OFFICES</b>
<input type="checkbox"/> <b>Central Ontario</b> Community Support Services Office Oak Ridges 13311 Yonge St, Suite 202 Richmond Hill, ON L4E 3L6	<input type="checkbox"/> <b>Richmond Hill: Observatory Towers</b> SHP AS 119005 1,2 bdrm
	<input type="checkbox"/> <b>Markham: Kin Village</b> SHP AS 119004 1,2,3 bdrm
	<input type="checkbox"/> <b>Thornhill:</b> SHP AS 119008 1,3 bdrm
	<input type="checkbox"/> <b>York Region:</b> OAS 119002

(905) 773-7758 x 6216  
 1-800-567-0315 x 6216  
 Fax: (905) 773-5176

**Vaughan Congregate Care:**  
 CC AS 119009 1,3 bdrm

**LOCATIONS**

**OFFICES**

**Toronto Central**  
 Community Support  
 Services  
 151 Mill Street, Ste 313  
 Toronto, ON  
 M5A 4T8  
  
**(416) 922-2881**

**Toronto: York University SHP AS 118006**  
 **Toronto: Meynell House CC AS 118005**  
 **Toronto: Stephanie McCaul**  
 SHP AS 118004 1 bdrm  
 **Toronto: Bloor St. SHP AS 118007 1 bdrm**  
 **Toronto: Cooperage St.,**  
 AS SHP 118008 1,2,3 bdrm  
 **Toronto: Maple House SHP AS 118010**  
 \*\*ALC program  
 **Toronto: OAS 118002**

To apply to York Region Outreach Attendant Care or Supportive Housing Programs and Toronto Supportive Housing Programs, please download and complete the Attendant Services Application Centre (ASAC) application on the Centre for Independent Living Toronto (CILT) website at: <http://cilt.ca/programs-and-services/asac/asac-application-and-guide>

**East Ontario**  
 Community Support  
 Services Office  
 6 Glenn Wood Place  
 Brockville, ON  
 K6V 2T3

**Brockville: AS SHP 111004 1 bdrm**  
 **Brockville-Leeds/Grenville/Lanark:**  
 OAS 111002  
 **Ottawa-Barrhaven: AS SHP**  
 111005 1, 2 bdrm  
 **Pembroke-Renfrew: OAS 111003**

1-888-252-9008 x6408  
 Fax: (613) 342-7636



LOCATIONS	OFFICES
<p><input type="checkbox"/> <b>Durham Ontario</b>            Community Support Services Office            1615 Dundas Street East,            Suite 305            Whitby, ON            K1N 2L1</p> <p>1-888-433-0240            Fax: (905) 576-8020</p>	<p><input type="checkbox"/> <b>Durham:</b> OAS 110003</p> <p><input type="checkbox"/> <b>Whitby: Dryden Heights</b> SHP AS            110005 1, 2 bdrm</p> <p><input type="checkbox"/> <b>Oshawa: New Hope</b> SHP AS            110004 1, 2 bdrm</p>
<p><input type="checkbox"/> <b>North Eastern Ontario</b>            96 Larch St., Unit 400            Sudbury, Ontario P3E 1C1</p> <p>AS Enquiries:            (705) 254-1099            Fax: (705) 671-6240</p>	<p><input type="checkbox"/> <b>Sault Ste. Marie: Cara</b> SHP AS            114014 1 bdrm</p> <p><input type="checkbox"/> <b>Sault Ste. Marie: Northern</b> SHP AS            114013 1 bdrm</p> <p><input type="checkbox"/> <b>Sault Ste. Marie/Algoma:</b> OAS 114007</p> <p><input type="checkbox"/> <b>Elliot Lake/Algoma:</b> OAS 114006</p> <p><input type="checkbox"/> <b>Elliot Lake:</b> SHP 114022</p>



LOCATIONS	OFFICES
<p><input type="checkbox"/> <b>Southern Ontario Community Support Services Office</b> 3340 Schmon Parkway Unit 1E Thorold, ON L2V 4Y6</p> <p>(905) 687-8484, x250 1-800-263-4742</p> <p>Fax: (905) 685-6651</p>	<p><input type="checkbox"/> <b>Brock University: OAS 113003</b></p> <p><input type="checkbox"/> <b>Haldimand Norfolk Region: OAS 113004</b></p> <p><input type="checkbox"/> <b>Niagara Falls: Stamford Kiwanis SHP AS 113007 1,2 bdrm</b></p> <p><input type="checkbox"/> <b>Niagara-on-the-Lake: Niagara College OAS 113003</b></p> <p><input type="checkbox"/> <b>Niagara Region: OAS 113003</b></p> <p><input type="checkbox"/> <b>St. Catharines: Faith Lutheran SHP AS 113010 1,2 bdrm</b></p> <p><input type="checkbox"/> <b>St. Catharines: Ridley Terrace SHP AS 113009 1,2 + 3 bdrm</b></p> <p><input type="checkbox"/> <b>St. Catharines: Scott Street SHP AS 113011 1, 2 bdrm</b></p> <p><input type="checkbox"/> <b>Welland: Niagara College OAS 113003</b></p>
<p><input type="checkbox"/> <b>South Central Ontario Community Support Services Office</b> 20 Jarvis St. Hamilton, ON L8R 1M2</p> <p>(905) 528-4261, ext 4219 Fax: (905) 528-7762</p>	<p><input type="checkbox"/> <b>Burlington / North Halton: OAS (112002-Halton N.)</b></p> <p><input type="checkbox"/> <b>Hamilton: Central Place SHP AS 112006 1,2 bdrm</b></p> <p><input type="checkbox"/> <b>Hamilton: Jason's House CC AS 112008</b></p> <p><input type="checkbox"/> <b>Hamilton: OAS 112004</b></p> <p><input type="checkbox"/> <b>Hamilton: St. John's Place SHP AS 112007 1,2 bdrm</b></p> <p><input type="checkbox"/> <b>Hamilton: Villa Verdi SHP AS 112009 1,2 bdrm</b></p>



LOCATIONS	OFFICES
<input type="checkbox"/> <b>South Western Ontario</b> Community Support Services Office Community Support Services 111 Heritage Rd. Unit 202 Chatham, ON N7M 5W7  (519)-963-6671 Fax: (519) 963-6672	<input type="checkbox"/> <b>Chatham / Kent: OAS</b> 117004 <input type="checkbox"/> <b>Chatham Tecumseh:</b> SHP AS 117010 1 bdrm <input type="checkbox"/> <b>Chatham: Riverway</b> SHP AS 117011 1 bdrm <input type="checkbox"/> <b>Chatham: McNaughton</b> SHP AS 117012 1 bdrm <input type="checkbox"/> <b>Drayton: Conestoga Crest</b> SHP AS 117009 1 bdrm <input type="checkbox"/> <b>Sarnia / Lambton: OAS</b> 117005 <input type="checkbox"/> <b>Sarnia: Standing Oaks</b> CCH AS 117015 <input type="checkbox"/> <b>Sarnia: Guernsey Gardens S</b> HP AS 117014 1 bdrm <input type="checkbox"/> <b>Sarnia: Ozanam Manor</b> SHP AS 117013 1 bdrm <input type="checkbox"/> <b>Sarnia: Maxwell Park Place</b> SHP AS 117016 1,2 bdrm <input type="checkbox"/> <b>Wellington County: OAS</b> 117003



LOCATIONS	OFFICES
<input type="checkbox"/> <b>West Central Ontario</b>  Community Support Services Office 2227 South Millway, Suite 305 Mississauga, ON L5L 3R6 (905) 607-3463 Fax: (905) 607-9856	<input type="checkbox"/> <b>Brampton/Caledon: OAS 116002</b> <input type="checkbox"/> <b>Brampton: Fletcher's View:</b> SHP AS 116007 1 bdrm <input type="checkbox"/> <b>Dufferin: OAS 116005</b> <input type="checkbox"/> <b>Oakville: Oakville Supportive Living Centre</b> SHP AS 116013 1,2 bdrm <input type="checkbox"/> <b>Oakville: OAS 116004</b> <input type="checkbox"/> <b>Mississauga: Britannia Place</b> SHP AS 116010 1,2 bdrm <input type="checkbox"/> <b>Mississauga: OAS 116003</b> <input type="checkbox"/> <b>Mississauga: Surveyor's Point</b> SHP AS 116009 1,2 bdrm – 55 yrs + <input type="checkbox"/> <b>Mississauga: Weaver's Hill</b> SHP AS 116011 1,2 bdrm <input type="checkbox"/> <b>Mississauga: Windsor Hill</b> SHP AS 116008 1,2,3 bdrm <input type="checkbox"/> <b>Shelburne: SHP AS 116014 1 bdrm</b> <input type="checkbox"/> <b>Etobicoke: Seniors Supports for Daily Living Program AS 116015 – 65 yrs +</b> <input type="checkbox"/> <b>Mississauga: Seniors Supports for Daily Living Program AS 116012 – 65 yrs +</b>

Unless otherwise noted within a section, the information in this form is required so that we may assess your entitlement to Attendant Services. The information will be kept confidential, and will only be provided to persons who require the information in order to consider your application or in order to provide service to you.

<b>For Office Use Only:</b>				
<b>Customer Type:</b> <input type="checkbox"/> Bill-to Customer				
<input type="checkbox"/> Referral Source (please specify):				

<b>*Indicates required fields</b>	Client #:	Disability Code:	Date Stamp:	Initials:

**Applicant Information**

<b>*First Name:</b>	<b>*Last Name:</b>

**Preferred Name:**

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**Preferred Pronoun (optional):**

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**\*Street Address (#, street, suite):**

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<b>*City/Town:</b>	<b>*Province (2-letter abbreviation):</b>	<b>*Postal Code:</b>

<b>Home Phone:</b> (    )	<b>Fax:</b> (    )

<b>Cell Phone:</b> (    )	<b>E-mail Address:</b>

<p><b>*Gender:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Non-Specific <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to answer	<p><b>Marital Status:</b></p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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\*Birth Date (mm/dd/yy):

\*Do you have a valid Ontario Health Card?
[ ] Yes [ ] No
(Must show @ intake interview)

\* Health Card Expiry Date (where applicable)

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Address:

Emergency Contact Phone:

Type of Community Support Service being applied to for specific location:

Program: [ ] Attendant Services

Sub-Program: [ ] Outreach Services [ ] Supportive Housing Program
[ ] Respite [ ] Congregate Care Home

If applying to Supportive Housing Program, please specify number of bedrooms:

Approximately how many hours per week of care are you requesting from MODC?:

[ ] Personal Care: \_\_\_\_\_

[ ] Homemaking (i.e. light housekeeping, laundry): \_\_\_\_\_

[ ] Other (specify): \_\_\_\_\_

Have you previously applied for Community Support Services:

[ ] Yes [ ] No [ ] Not Sure

If yes, when? (mm/dd/yy):

And for what service?:

Language(s) Spoken: [ ] English [ ] French [ ] Sign language (ASL/LSQ)
[ ] Other:

What is your mother tongue?

If your mother tongue is not French or English, in which of Canada's official languages are you most comfortable? [ ] English [ ] French

**Contact Information for Consent Source (if other than self):**

**Name (first & last):**

Active Substitute Decision-Maker:   
  Power of Attorney for Personal Care   
  Power of Attorney for Financial Care   
  Next of kin/spouse

<b>Home Phone:</b> (    )	<b>Business Phone:</b> (    ) Ext.	<b>Alternative Phone:</b> (    ) Ext.
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<b>Cell Phone:</b> (    )	<b>E-Mail Address:</b>
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**Contact Information for Referral Source (if other than self)**

<b>Referred by:</b>	<b>Agency:</b>
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<b>Phone Number:</b> (    ) <b>Ext.</b>	<b>Fax Number:</b> (    )
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**Address:**

<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
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<b>Cell #:</b> (    )	<b>E-mail Address:</b>
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<b>*Primary disability:</b>	<b>Secondary disability:</b>
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**\*Reason for primary disability:**
 Aging   
  Congenital   
  Acquired  
 Accident at Work   
  Accident at Home   
  Motor Vehicle Accident  
 Assault   
  Fall Non-Sports Related   
  Sports

**\*Date of onset of primary disability (mm/dd/yy):**

**Other Health Concerns:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_



**Please list any assistive devices that you currently use:**

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Living Conditions	Living Arrangements
<input type="checkbox"/> Home (Rented) <input type="checkbox"/> Home (Owned) <input type="checkbox"/> Home (Family Or Friend) <input type="checkbox"/> Children's Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Rehabilitation Hospital <input type="checkbox"/> Chronic Care Hospital <input type="checkbox"/> Home For The Aged <input type="checkbox"/> Institution	<input type="checkbox"/> Live alone <input type="checkbox"/> Live alone with dependent children <input type="checkbox"/> Live with parents or step-parents <input type="checkbox"/> Live with spouse or other adults <input type="checkbox"/> Live with spouse or other adults and dependent children <input type="checkbox"/> Live in Shared Housing with support staff <input type="checkbox"/> Other:

**Current Professional/Attendant Services** *(Please specify any assistive services that you currently receive)*

<b>Service</b>	<b>Agency / Provider Name</b>	<b>Number of visits per week/month</b>	<b>Duration of each visit</b>
Homemaking			
Physiotherapy			
Occupational therapy			
Nursing			
Attendant Services			
Brain Injury Services			
Other <i>(specify)</i> :			

**What type of transfer(s) do you currently use? (Check all that apply):**

- Transfer Unassisted   
  Pivot – with minimal assistance  
 Pivot – with full assistance   
  Two-Person Lift  
 Transfer belt/board/disk   
  Mechanical Lift  
 Supervision Required   
  Other (specify):

**Have current assessments been completed for your service?**

- Yes     No

**Are we authorized to receive a copy of these assessments for current service?**  Yes     No

*(If Yes, ensure that “Authorization to Obtain and/or Release Information” form [CSS 02-xx] is signed)*

**Please complete the charts below by placing an X in the appropriate boxes**

Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
<p><b>Transfers:</b></p> <p>Chair to chair</p> <p>In/out of bed</p> <p>    In/out shower/tub</p> <p>On/off toilet/commode</p> <p>One-person assist with lift</p> <p>One-person assist without lift</p> <p>    Two-person assist with lift</p> <p>Supervision Required</p> <p>Comments:</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>Positioning/Turning:</b></p> <p>One-person assist with lift</p> <p>One-person assist without lift</p> <p>Supervision Required</p> <p>Comments:</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>Walking:</b></p> <p>Please specify:</p> <p><b>Bowel and Bladder:</b></p> <p>Bladder - condom catheter</p> <p>Bladder - indwelling catheter</p> <p>Bladder - intermittent catheter</p> <p>Bowel - suppositories</p> <p>Bowel - digital stimulation</p> <p>Stoma care</p>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



### Attendant Services Service Application

This form is consistent with Policy AS 02 01

Bedpan/urinal Diaper change Comments:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Basic Hygiene:</b> Washing hands and/or face Pericare Mouth Care Hair Care Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Bathing and Showering:</b> Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dressing/Undressing:</b> Lower body Upper body Footwear Buttons/zippers/hooks Braces/prosthesis Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Skin Care:</b> Repositioning at night Special skin care/treatments Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Meal Preparation:</b> Cooking Cutting up food Eating/feeding Splints Straw/drinks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Comments:			
<b>Light Housekeeping/Household Management:</b> Dusting Mop/sweep/vacuum Dishes Laundry Garbage Making/changing bed Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Respiratory Care</b> Lung augmentation exercise (assistive coughing/ ambubag) O <sub>2</sub> assistance Trach care Trach suction CPAP (Continuous Positive Airway Pressure) BIPAP (Bilevel Positive Airway Pressure) Ventilator Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Miscellaneous</b> Assisted Exercise/Range of Motion(ROM) TV/radio/stereo Locks/keys Windows open/close	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



**Attendant Services Service Application**

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Assistive aids (setup/shut down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery charging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal vehicle (assist in/out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
<b>Other (specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Privacy Statement**

March of Dimes Canada is committed to handling personal information concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Community Support Services program
- ii) contacting you about the status of your application(s)
- iii) obtaining feedback about March of Dimes Canada services you receive
- iv) providing information about March of Dimes Canada to you and others

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future.

**Additional Applicant Information**

*(The data in this section is collected for statistical purposes only and is not part of admission criteria)*

**Education:**

<input type="checkbox"/> Grade 6 or less	<input type="checkbox"/> Grade 12 High School Diploma	<input type="checkbox"/> Community College	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Grade 7	<input type="checkbox"/>	<input type="checkbox"/> Law Degree	<input type="checkbox"/> Master's
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Business/Trade School	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> Grade 9			
<input type="checkbox"/> Grade 10			
<input type="checkbox"/> Grade 11			



**\*Annual personal income range: (check only one)**

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

**\*Annual household income range: (check only one)**

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

**Personal Income Source(s):**

<input type="checkbox"/> Employment	<input type="checkbox"/> Private Pension	<input type="checkbox"/> Disability Veterans Allowance
<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Insurance Benefits	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> Wsib	<input type="checkbox"/> Company Pension	<input type="checkbox"/> Other (i.e., ODSP):
<input type="checkbox"/> Savings/ Trust		<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> Canada Pension Plan		
<input type="checkbox"/> Family Benefits		



*(This data is collected for statistical purposes only and is not part of admission criteria)*

**Ethnicity:**

<input type="checkbox"/> African <input type="checkbox"/> Other Asian Countries or Pacific Islanders <input type="checkbox"/> Canadian (Non-French) <input type="checkbox"/> Central American <input type="checkbox"/> Chinese <input type="checkbox"/> Eastern European (Russian, Polish, Czech) <input type="checkbox"/> English, Scottish, Welsh <input type="checkbox"/> Other European <input type="checkbox"/> First Nations/ Metis/ Inuit	<input type="checkbox"/> French <input type="checkbox"/> French Canadian <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Indian/ Pakistani <input type="checkbox"/> Irish <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Mexican	<input type="checkbox"/> Middle Eastern <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Scandinavian (Swedish, Norwegian, Danish, Finnish) <input type="checkbox"/> Spanish/ Portuguese <input type="checkbox"/> West Indian <input type="checkbox"/> Other: <input type="checkbox"/> Refused/ No answer
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**Declaration and Signatures**

**In the event that the Applicant is only able to provide verbal consent, the signature of a witness is required.**

March of Dimes Canada' approval process requires that there be documentation validating status of Substitute Decision Maker (SDM) submitted during approval process.

I, \_\_\_\_\_ have reviewed this Community Support Service Application and agree that the contents of this application are a true and accurate reflection of my needs.

<b>Name of applicant/active substitute decision maker (print name):</b>	<b>Signature:</b>	<b>Date (mm/dd/yy):</b>
<b>* Name of Witness (if applicable – please print):</b>	<b>Signature:</b>	<b>Date (mm/dd/yy):</b>

\* The Witness acknowledges that they have explained each clause of this document to the applicant and that the Applicant appears to have fully understood.