MARCH OF DIMES CANADA | LA MARCHE DES DIX SOUS DU CANADA

Attendant Services Service Application

This form is consistent with Policy AS 02 01

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.

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

* Only required when Client unable to sign on own

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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.

Applicant Name:	**Office Use Only**
Date:	**Client #:**

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.**

LEGEND

AS – Attendant Services | **BI – Brain Injury** | **OAS – Outreach Attendant Services**
OS – Outreach Services | **SHP – Supportive Housing Program** | **CC – Congregate Care**
Bdrm – Bedroom | **ALC – Alternate Levels of Care**

LOCATIONS	OFFICES
☐ **Central Ontario** Community Support Services 13311 Yonge St, Suite 202 Richmond Hill, ON L4E 3L6 (905) 773-7758 x 6216 1-800-567-0315 x 6216 Fax: (905) 773-5176	☐ **Richmond Hill: Observatory Towers** SHP AS 119005 1,2 bdrm ☐ **Markham: Kin Village** SHP AS 119004 1,2,3 bdrm ☐ **Thornhill:** SHP AS 119008 1,3 bdrm ☐ **York Region:** OAS 119002 ☐ **Vaughan Congregate Care:** CC AS 119009 1,3 bdrm
☐ **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 & Toronto Outreach Services or 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 6 Glenn Wood Place Brockville, ON K6V 2T3 1-888-252-9008 x6408 Fax: (613) 342-7636	☐ **Brockville:** AS SHP 111004 1 bdrm ☐ **Brockville-Leeds/Grenville/Lanark:** OAS 111002 ☐ **Ottawa-Barrhaven:** AS SHP 111005 1, 2 bdrm ☐ **Pembroke-Renfrew:** OAS 111003

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LOCATIONS	OFFICES
☐ **Durham Ontario** Community Support Services 1615 Dundas Street East, Suite 305 Whitby, ON K1N 2L1 1-888-433-0240 Fax: (905) 576-8020	☐ **Durham:** OAS 110003 ☐ **Whitby: Dryden Heights** SHP AS 110005 1, 2 bdrm ☐ **Oshawa: New Hope** SHP AS 110004 1, 2 bdrm
☐ **North Eastern Ontario** 96 Larch St., Unit 400 Sudbury, Ontario P3E 1C1 AS Enquiries: (705) 254-1099 Fax: (705) 671-6240	☐ **Sault Ste. Marie: Cara** SHP AS 114014 1 bdrm ☐ **Sault Ste. Marie: Northern** SHP AS 114013 1 bdrm ☐ **Sault Ste. Marie/Algoma:** OAS 114007 ☐ **Elliot Lake/Algoma:** OAS 114006 ☐ **Elliot Lake:** SHP 114022
☐ **Southern Ontario** Community Support Services 3340 Schmon Parkway Unit 1E Thorold, ON L2V 4Y6 (905) 687-8484, x250 1-800-263-4742 Fax: (905) 685-6651	☐ **Brock University:** OAS 113003 ☐ **Haldimand Norfolk Region:** OAS 113004 ☐ **Niagara Falls: Stamford Kiwanis** SHP AS 113007 1,2 bdrm ☐ **Niagara-on-the-Lake: Niagara College** OAS 113003 ☐ **Niagara Region:** OAS 113003 ☐ **St. Catharines: Faith Lutheran** SHP AS 113010 1,2 bdrm ☐ **St. Catharines: Ridley Terrace** SHP AS 113009 1,2 + 3 bdrm ☐ **St. Catharines: Scott Street** SHP AS 113011 1, 2 bdrm ☐ **Welland: Niagara College** OAS 113003
☐ **South Central Ontario** Community Support Services 20 Jarvis St. Hamilton, ON L8R 1M2 (905) 528-4261, ext 4219 Fax: (905) 528-7762	☐ **Burlington / North Halton:** OAS (112002-Halton N.) ☐ **Hamilton: Central Place** SHP AS 112006 1,2 bdrm ☐ **Hamilton: Jason's House** CC AS 112008 ☐ **Hamilton:** OAS 112004 ☐ **Hamilton: St. John's Place** SHP AS 112007 1,2 bdrm ☐ **Hamilton: Villa Verdi** SHP AS 112009 1,2 bdrm
☐ **South Western Ontario** Community Support Services 111 Heritage Rd. Unit 202 Chatham, ON N7M 5W7 (519)-963-6671 Fax: (519) 963-6672	☐ **Chatham / Kent:** OAS 117004 ☐ **Chatham Tecumseh:** SHP AS 117010 1 bdrm ☐ **Chatham: Riverway** SHP AS 117011 1 bdrm ☐ **Chatham: McNaughton** SHP AS 117012 1 bdrm ☐ **Drayton: Conestoga Crest** SHP AS 117009 1 bdrm ☐ **Sarnia / Lambton:** OAS 117005 ☐ **Sarnia: Standing Oaks** CC AS 117015 ☐ **Sarnia: Guernsey Gardens** SHP AS 117014 1 bdrm ☐ **Sarnia: Ozanam Manor** SHP AS 117013 1 bdrm ☐ **Sarnia: Maxwell Park Place** SHP AS 117016 1,2 bdrm ☐ **Wellington County:** OAS 117003

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LOCATIONS	OFFICES
☐ **West Central Ontario** Community Support Services 2227 South Millway, Suite 305 Mississauga, ON L5L 3R6 (905) 607-3463 Fax: (905) 607-9856	☐ **Brampton/Caledon:** OAS 116002 ☐ **Brampton: Fletcher's View:** SHP AS 116007 1 bdrm ☐ **Dufferin:** OAS 116005 ☐ **Oakville: Oakville Supportive Living Centre** SHP AS 116013 1,2 bdrm ☐ **Oakville:** OAS 116004 ☐ **Mississauga: Britannia Place** SHP AS 116010 1,2 bdrm ☐ **Mississauga:** OAS 116003 ☐ **Mississauga: Surveyor's Point** SHP AS 116009 1,2 bdrm – 55 yrs + ☐ **Mississauga: Weaver's Hill** SHP AS 116011 1,2 bdrm ☐ **Mississauga: Windsor Hill** SHP AS 116008 1,2,3 bdrm ☐ **Shelburne:** SHP AS 116014 1 bdrm ☐ **Shelburne Hub:** AS 116016 ☐ **Etobicoke: Seniors Supports for Daily Living Program** AS 116015 – 65 yrs + ☐ **Mississauga: Seniors Supports for Daily Living Program** AS 116012 – 65 yrs +

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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.

	For Office Use Only:			
	Customer Type: ☐ Bill-to Customer ☐ Referral Source *(please specify)*:			
***Indicates required fields**	Client #:	Disability Code:	Date Stamp:	Initials:

Applicant Information

***First Name:**	***Last Name:**	
Preferred Name:	**Preferred Pronoun (optional):**	
***Street Address *(#, street, suite)*:**		
***City/Town:**	***Province *(2-letter abbreviation)*:**	***Postal Code:**
Home Phone: ( )	**Fax:** ( )	
Cell Phone: ( )	**E-mail Address:**	
***Gender:** ☐ Male ☐ Female ☐ Non Specific ☐ Unknown ☐ Other ☐ Prefer not to answer	**Marital Status:** ☐ Married ☐ Common-law ☐ Single ☐ Separated ☐ Divorced ☐ Widowed	
***Birth Date: (mm/dd/yy)**	***Do you have a valid Ontario Health Card?** ☐ Yes ☐ No (*Must show @ intake interview)	***Health Card Expiry Date** (mm/dd/yy) ☐ **Red and White Card only**
Emergency Contact Name:	**Emergency Contact Relationship:**	
Emergency Contact Phone:	**Emergency Contact Address:**	

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

Program: ☐ Attendant Services

Sub-Program: ☐ Outreach Services ☐ Supportive Housing Program ☐ Respite ☐ Congregate Care

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

Please Note: most Supportive Housing locations require separate housing application and approval by the housing provider.

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 March of Dimes Canada Services : ☐ Yes ☐ No ☐ Not Sure

If yes, when? *(mm/dd/yy)*: **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
Home Phone: ( )	**Business Phone:** ( ) Ext.	**Alternative Phone:** ( ) Ext.
Cell Phone: ( )	**E-Mail Address:**	

Contact Information for Referral Source *(if other than self)*

Referred by:	**Agency:**	
Phone Number: ( ) **Ext.**	**Fax Number:** ( )	
Address:		
City:	**Province:**	**Postal Code:**
Cell #: ( )	**E-mail Address:**	

Disability Information

***Primary disability:** **Other Diagnosis:**

***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/yy)*:**

Other Medical Conditions (list any other physical, cognitive or emotional conditions):

1)

2)

3)

Assistive Devices Used:

- ☐ Canes/Crutches
- ☐ Wheelchair (Electric/Manual)
- ☐ Scooter
- ☐ G-tube Feeding
- ☐ Ventilator/breathing assist
- ☐ Braces
- ☐ Bath Seat bench
- ☐ Support Bars
- ☐ Raised Toilet Seat
- ☐ Lifts (Hoyer/Ceiling Track)
- ☐ Trache
- ☐ Communication Devices
- ☐ Technical Aid
- ☐ Other, please specify:

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Living Conditions	Living Arrangements
☐ Home (Rented) ☐ Home (Owned) ☐ Shared Living (Family Or Friend) ☐ Hospital ☐ Nursing Home/ Long Term Care ☐ Retirement Home ☐ Rehabilitation Hospital ☐ Psychiatric Care Facility ☐ Community Shelter	☐ Live alone ☐ Live alone with dependent children ☐ Live with parents or step-parents ☐ Live with spouse or other adults ☐ Live with spouse or other adults and dependent children ☐ Live in Rental Room ☐ Live in Shared Housing with support staff ☐ Other:

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

Service	Agency / Provider Name	Description of Services Received
Homemaking		
Physiotherapy		
Occupational therapy		
Nursing		
Attendant Services		
Brain Injury Services		
Other *(specify)*:		

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 ☐ Ceiling Track Lift

☐ Hoyer Lift ☐ Supervision Required ☐ Other (specify):

Have current assessments been completed for your service? ☐ Yes ☐ No

☐ InterRai Assessment ☐ Capacity Assessment ☐ Other (specify):

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)*

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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)
Transfers:	☐	☐	☐
Chair to chair	☐	☐	☐
In/out of bed	☐	☐	☐
In/out shower/tub	☐	☐	☐
On/off toilet/commode	☐	☐	☐
One-person assist with lift	☐	☐	☐
One-person assist without lift	☐	☐	☐
Two-person assist with lift	☐	☐	☐
Supervision Required	☐	☐	☐
Comments:			
Positioning/Turning:	☐	☐	☐
One-person assist with lift	☐	☐	☐
One-person assist without lift	☐	☐	☐
Supervision Required	☐	☐	☐
Comments:			
Walking:	☐	☐	☐
Please specify:			
Bowel and Bladder:	☐	☐	☐
Bladder - condom catheter	☐	☐	☐
Bladder - indwelling catheter	☐	☐	☐
Bladder - intermittent catheter	☐	☐	☐
Bowel - suppositories	☐	☐	☐
Bowel - digital stimulation	☐	☐	☐
Stoma care	☐	☐	☐
Bedpan/urinal	☐	☐	☐
Assistance with Incontinence Brief/Product	☐	☐	☐
Comments:			
Basic Hygiene:	☐	☐	☐
Washing hands and/or face	☐	☐	☐
Peri care	☐	☐	☐
Mouth Care	☐	☐	☐
Hair Care	☐	☐	☐
Comments:			
Bathing and Showering:	☐	☐	☐
Showering	☐	☐	☐
Sponge Bath	☐	☐	☐
Comments:			

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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
Dressing/Undressing:	☐	☐	☐
Lower body	☐	☐	☐
Upper body	☐	☐	☐
Footwear	☐	☐	☐
Buttons/zippers/hooks	☐	☐	☐
Braces/prosthesis	☐	☐	☐
Comments:			
Skin Care:	☐	☐	☐
Repositioning at night	☐	☐	☐
Special skin care/treatments	☐	☐	☐
Comments:			
Meal Preparation:	☐	☐	☐
Cooking	☐	☐	☐
Cutting up food	☐	☐	☐
Eating/feeding	☐	☐	☐
Splints	☐	☐	☐
Straw/drinks	☐	☐	☐
Comments:			
Light Housekeeping/Household Management:	☐	☐	☐
Dusting	☐	☐	☐
Mop/sweep/vacuum	☐	☐	☐
Dishes	☐	☐	☐
Laundry	☐	☐	☐
Garbage	☐	☐	☐
Making/changing bed	☐	☐	☐
Comments:			
Note: items listed above may not be provided within the services applied for			
Respiratory Care	☐	☐	☐
Lung augmentation exercise (assistive coughing/ambubag)	☐	☐	☐
O_2 assistance	☐	☐	☐
Trach care	☐	☐	☐
Trach suction	☐	☐	☐
CPAP (Continuous Positive Airway Pressure)	☐	☐	☐
BIPAP (Bilevel Positive Airway Pressure)	☐	☐	☐
Ventilator	☐	☐	☐
Comments:			

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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
Miscellaneous	☐	☐	☐
Assisted Exercise/Range of Motion (ROM)	☐	☐	☐
TV/radio/stereo	☐	☐	☐
Locks/keys	☐	☐	☐
Windows open/close	☐	☐	☐
Assistive aids (setup/shut down)	☐	☐	☐
Verbal Communication	☐	☐	☐
Communication aids	☐	☐	☐
Battery charging	☐	☐	☐
Wheelchair maintenance	☐	☐	☐
Telephone assistance	☐	☐	☐
Doors	☐	☐	☐
Shopping	☐	☐	☐
Comments:			
Other (specify):			
1)	☐	☐	☐
2)	☐	☐	☐
3)	☐	☐	☐

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 Attendant 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.

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Additional Applicant Information

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

Education: ☐Elementary ☐Secondary ☐Post Secondary ☐Post Graduate ☐Do not wish to comment

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

☐ under $5,000	☐ $20,000 - 24,999	☐ $40,000 - 44,999	☐ Do not wish to comment
☐ $5,000 - 9,999	☐ $25,000 - 29,000	☐ $45,000 - 49,999	
☐ $10,000 - 14,999	☐ $30,000 - 34,999	☐ $50,000 - 54,999	
☐ $15,000 - 19,999	☐ $35,000 - 39,999	☐ $55,000 or over	

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

☐ under $5,000	☐ $20,000 - 24,999	☐ $40,000 - 44,999	☐ Do not wish to comment
☐ $5,000 - 9,999	☐ $25,000 - 29,000	☐ $45,000 - 49,999	
☐ $10,000 - 14,999	☐ $30,000 - 34,999	☐ $50,000 - 54,999	
☐ $15,000 - 19,999	☐ $35,000 - 39,999	☐ $55,000 or over	

Personal Income Source(s):

☐ Employment	☐ Savings/trust	☐ Private Pension	☐ Disability Veterans Allowance
☐ Spousal Support	☐ Canada Pension Plan	☐ Insurance Benefits	☐ Employment Insurance
☐ Worker's Compensation	☐ ODSP	☐ Company Pension	☐ Other
	☐ OW (Ontario Works)		☐ Do not wish to comment

Ethnicity:

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

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 active Substitute Decision-Maker (SDM) submitted during approval process.

I, _____ have reviewed this Attendant Services Application and agree that the contents of this application are a true and accurate reflection of my needs.

Name of Applicant/active Substitute Decision-Maker *(print name)*:	**Signature:**	**Date *(mm/dd/yy)*:**
*** Name of Witness *(if applicable – please print)*:**	**Signature:**	**Date *(mm/dd/yy)*:**

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

For an accessible version of this document please contact us at independence@marchofdimes.ca