

Participation House Support Services – London and Area

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Application Form for Services Funded by the Ministry of Health

Today's Date: _____

Name of Person Requiring Support: _____

Address: _____

Phone: _____ **Email Address:** _____

Date of Birth: _____

Person to Contact (if different from above)

Name: _____

Address: _____

Phone: _____ **Relationship:** _____

Email Address: _____

**Reason for seeking supports from Participation House Support Services –
London and Area:**

Please check all that apply. The person requiring support has:

- Physical Disability
- Developmental Disability
- Medical Issues
- Behavioural Issues
- Mental Health Issues
- Other

General Information

1. I currently live with: _____

2. I can direct my own care: Yes No

3. I require support and/or the presence of support:
 - 24/hrs a day
 - Daily, but not at all times How many hours per day? _____
 - Weekly, but not every day How many hours per week? _____

4. I would like to move and receive support services:
 - Immediately
 - Within the next year
 - In 2 years or more
 - Uncertain at this time

Important Life Experiences

1. Would you like to inform us of any community activities/groups with which you are involved?

Would you require support to continue your involvement? What support would you like us to provide?

Are there activities or groups you would like to be involved with in the future but are not currently?

How could we assist in obtaining this goal?

2. Do you have personal friendships and relationships that you would like to share with us?

Are there supports we can provide to assist you in maintaining these relationships?

Would you like support in developing future friendships/ relationships? How could we help?

3. Are there skills and abilities you would like assistance in learning? What are they?

4. Are there areas that you look after yourself (i.e. finance, paratransit bookings, doctor appointments, etc.) and would go on your own or with family support?

Are there areas you would like to be supported in before you start making decisions yourself? Areas you would like us to help with?

What are things you are most proud of about yourself?

5. Are there other areas of your life you would like to share? (i.e. education background and pursuits, interests, hobbies, work, travel, etc.)?

Environmental/Personal Care/Health

Are there particular support services you would require under each of the headings below or important things you would like us to know?

A. Environment/ Home

B. Personal Care

C. Community Participation (work, volunteer, continuing education, leisure, etc.)

D. Health/Medical (note allergies, special precautions, medical conditions) that we should be aware of to provide you with support?

E. Why have you chosen to apply to Participation House Support Services?

What supports must you have to stay in the community?

What is the greatest risk you are exposed to, if any?

Training

Would you or a member of your family be willing to train staff in how to provide your personal care? Please list who (name and address) if you have agreed to train.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

How long do you think the training should be?

If you have any questions, please contact:

Cathy Smith

(519) 660-6635 ext. 231

cathys@participationhouse.com

On the back page please list anything else you would like us to know or questions you may have.

