

PROJECT HOPE APPLICATION

Family-Directed Alternatives and Participation House Support Services London and Area

Project Hope “Help with Opportunities for Participation and Enrichment” is a full-day program designed to meet the individual needs of young adults living at home with their families, who have recently graduated from high school and who because of their complex/high needs are unable to access existing community programs/supports or services.

The Ministry of Community and Social Services has provided funding to our organization to support twelve (12) individuals in our day program.

Eligibility: Resident of London and Middlesex County who:

1. are severely developmentally disabled with complex needs. Priority will be given to developmentally disabled individuals with physical disabilities and/or medical issues that require continual supervision and monitoring,
2. require continual 24-hour care & support for all personal and basic care needs,
3. live at home with their families,
4. are not typically eligible for, or do not benefit from, existing community programs and who
5. are no longer eligible for educational support.

Individuals with significant behaviour issues that present an ongoing danger to themselves or others will not be considered.

Application forms are available on line at: www.participationhouse.com or through:

Project Hope Selection Committee
Participation House Support Services London and Area
620 Colborne Suite 101, London, ON N6B 3R9
1-519-660-6635 - Extension 0

Project Hope Applicant:

(Please check appropriate boxes)

- is severely developmental disabled
- has physical disability
- has medical issues
- requires continual supervision and monitoring
- has graduated or is graduating from high school
- is unable to access existing programs.

Individual Requiring Support

_____ Gender M _ F _ Date of Birth _____
 Last Name First Name Initial Circle Day Month Year

_____ () _____
 Address Street Number and Name Apartment or Unit No Postal Code Home Telephone

Family Caregiver

_____ Relationship to
 Applicant _____
 Last Name First Name Initial

_____ Telephone: Home Work
 Address Street Number and Name Apartment or Unit No Postal Code

Person or Agency Assisting in the Completion of Application (Optional)

Name of Agency
 Telephone Number

Name of Person Position
 Telephone Extension

Education

 Name of Last School Attended Name of Teacher

NOTE: Further details of Education experience may be placed here if desired.

A. Personal Development Support

Please **check** how often assistance is required

	Constantly	Hourly	Daily	Weekly	Reminders	Never
Communication						
Social Skills						
Community Activities/Involvement						

NOTE: More detailed information on personal support may be added here.

B. Supervision

Please **check** how often assistance is required

	Constantly	Hourly	Daily	Weekly	Reminders	Never
In the Community						
At Home						
Other (Please Specify)						

NOTE: More detailed information about supervision may be added here.

C. Behaviour

Write in behaviour needs and **check** how often assistance is provided

	Constantly	Hourly	Daily	Weekly	Occasionally	Never
i. Aggressive to self						
ii. Aggressive to others						
iii. Behaviour that is disturbing to others						
iv. Other						

If appropriate, provide more information on your individual situation.

D. Personal Care

Write in personal care needs and check how often assistance is provided

Example: - Dressing - Eating - Lifting/transfers associated with personal care	- Going to washroom/toiletin - Mobility	Constantly	Hourly	Daily	Weekl y	Reminders	Never

If appropriate, provide more information about your individual situation.

E. Health & Medical – Diagnosis (if known)

Write in health & Medical needs and check amount of assistance required

	Number of Times per Day	Number of Times per Week	Length of Time per Procedure	Length of Time per Occurrence
Catheterization				
Tube Feeding				
Eating/Choking				
Suctioning				
Seizure Control				
Therapeutic Routines				

Describe intervention required:

F. Community Services Currently Receiving

Activity	Full Days 35-40 hrs wk	More than Half Day 21-34 hrs wk	Half Day 17-20 hrs wk	Less than Half Day - 17 hrs wk	Eligible For	Applied For
School						
Life Skills						
Partners In Leisure						
Day Break						
CAP						
Other (Use Reverse Side if necessary)						

Does the service you are currently receiving meet the needs of your dependent adult? Yes ___ No ___

If "no" please explain: _____

G. Current Service Support

	Applied To		Yes Name of Agency	Number of Hours per Week	Number of Days per Month
	Yes	No			
Parent Relief – In Home					
Parent Relief – Out of Home					
Personal Care					
Nursing Respite					
Homemaking					
Other:					

H. Strengths & Interests

To help us better understand your family member, please describe his/her strengths and interests or add any other information you feel is important. (Example: Music, movies, walks. Floor exercise. Hand-over-hand tasks. Etc)

DECLARATION:

I hereby make application to Project Hope at Participation House Support Services

London and Area for my son/daughter _____ and declare that the statements made herein are true to the best of my knowledge.

Signature of Applicant (if over 16)

Date

Signature of Family Caregiver (Parent/Guardian)

Date

Consent for Release of Information

I _____ herein give permission to Participation House Support Services London and Area to obtain additional information regarding this application for day supports at Project Hope for my dependent son/daughter _____ from any of the organizations or individuals named in this application. (Example: assisting agency/person, service provider, school staff, agency staff, etc)

Signature of Applicant (if over 16)

Date

Signature of Family Caregiver (Parent/Guardian)

Date

Please forward completed application to:

**Project Hope Selection Committee
Participation House Support Services London and Area
620 Colborne Suite 101
London, ON N6B 3R9**