

PROJECT HOPE APPLICATION

Family-Directed Alternatives And Participation House Support Services

Project Hope “Help with Opportunities for Participation and Enrichment” is a centre-based day program where support is 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. Supports are provided Monday to Friday 8am - 4pm.

Since 2003, the Ministry of Community and Social Services has provided funding to our organization to support twelve (12) individuals in this day program.

Eligibility: Priority is given to residents of London and Middlesex County who are 18 years of age or older who:

1. Have a significant developmental disability with complex support needs. Priority will be given to adults with a developmental disability, including those with a physical disability and/or medical issues that require 24 hour supports,
2. Live at home with their families,
3. Are not typically eligible for, or do not benefit from, existing community programs and who
4. Are not eligible for educational support,
5. Have no challenging behavioural support needs.

(Everyone who attends Project Hope uses a wheelchair and is vulnerable in varying degrees, to the actions of others. Therefore it is not possible for people who exhibit challenging behaviours such as significant self-abuse, verbal and/or physical aggression and/or destruction to property to be supported in this environment.)

Application forms are available from Cathy Smith:

Family Resource Coordinator
Participation House Support Services
620 Colborne Suite 101, London, ON N6B 3R9
1-519-660-6635 – Extension 231
cathys@participationhouse.com
or on our website:
www.participationhouse.com

Project Hope Applicant: (Please check appropriate boxes)

- Has a significant developmental disability
- Has a physical disability
- Has medical issues or is considered medically complex
- Requires support at all times
- Has graduated or is graduating from high school
- Is unable to access other existing supports and services
- Has no challenging behavioural support needs

Individual Requiring Support

_____ Gender M __ F __ Date of Birth _____
Last Name First Name Initial 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 Email Address _____

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

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

Date of Graduation: _____

A. Personal Development SupportPlease **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. Support RequiredPlease **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/Communication

i) Communication

Describe *how* the person communicates (gestures, words, signs, body language), including any augmentative forms of communication they use: _____

What type of support do they need to communicate?

(1:1 attention, direct support to engage with a computer, verbal prompts or guidance to answer “yes” or “no” etc.) _____

How do they express emotions, both positive and negative, such as joy or distress?

How do they show affection and anger? _____

What happens when they feel anxious, scared or uncomfortable? _____

ii) Self-injurious behaviour

Does the person ever engage in self-abusive behaviour, such as hitting themselves, picking or scratching at themselves incessantly, attempting to hurt themselves in any manner? Please circle:

YES NO

Please describe:

How often does this occur and why do you think it occurs?

Please circle: RARELY HOURLY DAILY WEEKLY

iii) Verbal and physical aggression directed towards others or other behaviour disturbing others

Does the person ever engage in acts of verbal or physical aggression such as swearing, threatening, spitting, yelling, screaming, pinching, hitting, slapping, punching, using their W/C to hurt or intimidate others?

Please circle: YES NO

Please describe:

How often does this occur and why do you think it occurs?

Please circle: RARELY HOURLY DAILY WEEKLY

iv) Does the person engage in any other type of behaviour or communication that would be disturbing or upsetting to others who are *sensitive* to noise (incessant or regular banging, vocalization etc..). If so, Please describe:

D. Personal Care

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

Example:-Dressing - Eating -Lifting/transfers associated with personal care	-Using the bathroom -Mobility	Constantly	Hourly	Daily	Weekly	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/Chocking				
Suctioning				
Seizure Control				
Therapeutic Routines				

Describe intervention required:

F. Community Support Services Currently Receiving

	Yes	No	Number of days/hours	Cost	Name of Contact	On Wait List
School						
Government funded center-based day program						
Private, fee for service day program						
Other community supports						
Parent relief – In home						
O/N respite						
Passport funding						
Personal care – LHIN						
Nursing respite – LHIN						
Other:						

Does the service you are currently receiving meet the needs of your dependant adult? YES ____ NO ____

If “no” please

explain:

G. 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 for Project Hope at Participation House Support Service 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 and able)

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 the day supports at Project Hope for my dependant 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 and able)

Date

Signature of Family Caregiver (Parent/Guardian)

Date

Please forward application to:
Cathy Smith FRC
Participation House Support Services
620 Colborne Suite 101
London, ON N6B 3R9
cathys@participationhouse.com
Phone: 519-660-6635 ext 231
Fax: 519-660-1654