

CAMELOT CENTRE **APPLICATION FORM**

Please answer all questions as completely as possible. All information is confidential and for the use of Camelot Centre staff only. Successful applicants must be diagnosed with a developmental disability and over the age of 20.

*Submit to the following mailing address: 370 Shoreacres Road, Burlington, ON, L7L 2H5
Or Email: Camelotcentre@camelotcentre.com*

APPLICANT INFORMATION (Applicant is the person for whom service is required)

FIRST NAME _____ LAST NAME _____

MIDDLE INITIAL _____ NAME USED _____

DATE OF BIRTH _____ GENDER MALE FEMALE

ADDRESS _____
_____ POSTAL CODE _____

PHONE # DAY _____ EVENING _____.

EMAIL _____

PARENT/ PRIMARY CAREGIVER INFORMATION (Person completing the form)

FIRST NAME _____ LAST NAME _____

RELATIONSHIP TO APPLICANT _____

ADDRESS SAME AS ABOVE if not, list below

PHONE* RES. _____ EVENING _____.

BUS. _____ EXT. _____ EMAIL _____.

PRESENT LIVING SITUATION

PARENTAL HOME GROUP HOME

OTHER (please specify) _____

DIAGNOSIS INFORMATION (check all that apply)

- NONE AUTISM BLINDNESS BRAIN OR NEUROLOGICAL DAMAGE
 CEREBRAL PALSY DEAFNESS
 DEVELOPMENTAL DISABILITY EPILEPSY OR SEIZURES

- INDEPENDENT COMPLETELY YES NO
- CAN BE LEFT ALONE FOR SHORT PERIODS OF TIME YES NO
- REQUIRES PROMPTS/REMINDERS YES NO
- REQUIRES CONSTANT SUPERVISION YES YES NO
- WILL WANDER YES NO
- ABLE TO FOLLOW VERBAL INSTRUCTIONS YES NO
- NEEDS HAND OVER HAND ASSISTANCE FOR MANUAL TASKS YES NO

SELF CARE

- CAN HANDLE PERSONAL TOILETING YES NO
- NEEDS ASSISTANCE WITH PERSONAL CARE/TOILETING YES NO
- ABLE TO WASH HANDS YES NO
- ABLE TO FEED THEMSELVES YES NO
- ABLE TO DRESS THEMSELVES YES NO
- NEEDS ASSISTANCE WITH SHOES, BOOTS OR OUTERWEAR YES NO

BEHAVIOURAL CHALLENGES

(please list and indicate how these challenges can be successfully handled)

PERSONAL INTERESTS (please check all that apply)

- COOKING BAKING CRAFTS
- READING COLOURING ART
- MOVIES/VIDEOS DANCING SINGING
- COMPUTER/INTERNET SOCIALIZING
- PEDESTRIAN AND TRANSIT SKILLS ANIMALS
- HIKING MUSIC/INSTRUMENTS

COMMENTS (additional comments which may be helpful to staff)

DAYS OF THE WEEK REQUIRED (check all that apply)

MONDAY TO FRIDAY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

SIGNATURE (person completing form) _____

PRINT NAME _____ **DATE** _____

Please also sign the attached consent release forms .

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize and give
(print name of parent/caregiver or guardian)

my consent to disclose and/or provide information or any documents to

Camelot Centre Adult Day Program Inc.

pertaining to _____, as indicated below.
(print name of applicant)

- ___ Current programming information
- ___ Information regarding any behavioural issues
- ___ Treatment/Service plans
- ___ Clinical documentation of condition/behavioural diagnosis
- ___ Other _____

I fully understand that all information will be for the sole and confidential use of staff of Camelot Centre Adult Day Program Inc. to assist in designing an individualized program for support.

I fully understand the nature and purpose of this consent and give my consent and authorization voluntarily.

Signed _____ Date _____
(parent/caregiver or guardian)