

Application Form for The Stepping Stone Programs

(to be used for enrolment to any of the programs offered at The Stepping Stone)

Client Name: _____

Date of Birth (dd/mm/yyyy) _____ **Age:** _____

Address: _____

Street

City

Postal Code

Home Phone #: _____

Mother/ Stepmother/ Guardian

Name: _____

Occupation: _____

Employer: _____

Work Phone #: _____

Cell Phone #: _____

Father/Stepfather/Guardian

Name: _____

Occupation: _____

Employer: _____

Work #: _____

Cell Phone #: _____

Client lives with:

- Mother
- Father
- Both
- Guardian
- Other

Please specify: _____

Emergency Contact (other than parent):

| | | |
|----------------------|-------------------------------|-------------|
| _____ | | |
| Name | Relationship to client | |
| _____ | | |
| Address: Street Name | City | Postal Code |
| _____ | | |
| Home Phone # | Alternate Phone # (work/cell) | |

Name 2 people who are authorized to pick up the client:

1. _____
Name Relationship to client

2. _____
Name Relationship to client

Name anyone who is NOT allowed to pick up the client:

1. _____
Name Relationship to client

2. _____
Name Relationship to client

List all pertinent medical illnesses, information and conditions:

List all current medications.

| Medication | Dosage | Times to be Taken | Reason for Taking |
|-------------------|---------------|--------------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does the applicant willingly take the required medications as prescribed?

Yes No, please describe:

Family Physician Name: _____

Address

Phone #

OHIP Card #: _____
(10 numbers plus 2 letters)

Does the applicant have any food, environmental or medication allergies?

No

Yes, please list: _____

If yes, does the applicant carry an epi-pen?

Yes

No

Please indicate all assistive devices that the applicant uses on a daily basis.

- | | | | |
|--|---------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> wheelchair | <input type="checkbox"/> walker | <input type="checkbox"/> braces | <input type="checkbox"/> orthotics |
| <input type="checkbox"/> eating utensils | <input type="checkbox"/> helmet | <input type="checkbox"/> diapers | <input type="checkbox"/> computer |
| <input type="checkbox"/> modified pen/pencil | | | |
| <input type="checkbox"/> hearing aid(s) Indicate for which ear: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> both | | | |
| <input type="checkbox"/> eyeglasses: <input type="checkbox"/> worn at all times <input type="checkbox"/> worn only for reading | | | |
| <input type="checkbox"/> other. Please specify: _____ | | | |

Is the applicant continent of bowel?

- Yes, has no accidents
- Yes, but has occasional accidents
- No, has accidents on a regular basis

Is the applicant continent of bladder?

- Yes, has no accidents
- Yes, but has occasional accidents
- No, has accidents on a regular basis

What type of bowel and bladder assistance does the applicant require?

- regular reminders to go to the bathroom wears diapers
- follows a bladder training schedule
- follows a bowel training schedule

Indicate what safety concerns you have regarding the applicant:

- | | |
|---|--|
| <input type="checkbox"/> high risk for choking | <input type="checkbox"/> attempts to harm self |
| <input type="checkbox"/> places unsafe objects in mouth | <input type="checkbox"/> tends to wander off |
| <input type="checkbox"/> runs away from care givers | |
| <input type="checkbox"/> other: please specify: _____ | |

How does the applicant communicate?

understandable speech understandable but slurred speech
 sign language gestures/ sounds/ pointing computer system
 other: please specify: _____

Indicate using the following chart, the applicant's ability to complete the following activities:

| Task | Independent | Needs Some Assistance | Dependent on Staff |
|--|--------------------|------------------------------|---------------------------|
| Dressing self | | | |
| Undressing self | | | |
| Feeding self | | | |
| Opening containers | | | |
| Eating in a group setting | | | |
| Toilets self | | | |
| Menstrual hygiene (if applicable) | | | |
| Walking on uneven ground | | | |
| Climbing stairs | | | |
| Descending stairs | | | |
| Other: | | | |
| | | | |
| | | | |

How does the applicant interact with others?

- prefers to play and work by him/herself
- prefers to interact one on one
- enjoys playing and working with others
- is able to participate in larger group activities
- follows simple instructions
- performs better when picture cues/instructions are available
- likes to be the centre of attention
- does not like to be the centre of attention

When the applicant is agitated, angry, frustrated etc indicate the behaviors that may be seen by the staff:

- | | | |
|--|---|---|
| <input type="checkbox"/> biting others | <input type="checkbox"/> hitting/ striking others | <input type="checkbox"/> kicking |
| <input type="checkbox"/> yelling | <input type="checkbox"/> swearing | <input type="checkbox"/> throwing objects |
| <input type="checkbox"/> spitting | <input type="checkbox"/> self injury | |
| <input type="checkbox"/> other: please specify _____ | | |

How often do these behaviors occur?

- rarely occasionally weekly daily
 other, please specify; _____

What tends to trigger these behaviors?

How do you currently manage these behaviors?

How best does the applicant learn?

- prefers to figure things out for him/herself
- is able to complete a task when shown first
- enjoys working on the computer
- prefers to read/look at books
- prefers to do activities that are “hands on”
- responds well to positive reinforcement

What are the applicants favorite activities?

What are the applicant’s least favorite activities?

Indicate the applicant’s strengths and abilities.

Indicate the applicant’s weaknesses and challenges.

What is/are the main goal(s) for the applicant's enrolment at The Stepping Stone?

What concerns, if any, do you have with the applicant participating in programs at The Stepping Stone?

How can The Stepping Stone help to alleviate these concerns?

By signing below I am confirming that the information provided to The Stepping Stone is accurate and complete. I am permitting the applicant to fully participate in all Centre activities. I give permission to The Stepping Stone, in the event of an accident or illness affecting the above applicant, to authorize on my behalf all procedures including admission to the hospital and necessary treatment therein, as deemed essential for the care and well-being of the above named applicant. Such action will only be taken when immediate contact with the undersigned or your delegate can not be made. I give permission to The Stepping Stone to use any photographs taken while at the Centre to be used for promotional purposes. I have read and understand the policies and guidelines regarding fee schedules and payment obligations.

Name of Parent/Guardian

Date