|  |
| --- |
|  Application for Spot Reservation with abode respite SERVICES INC.**Daytime Hours** are 9:00am-3:00pm, prices range from $80-$85/day (3:1), (1:1 rate based off assessment)**Evening Hours**: 3pm-7pm-8pm for $60.00-$75.00/eve (3:1), (1:1 rate based off assessment)Abode Respite is located in Cottam, Ontario |
| Name | Click here to enter text. | Diagnosis | Click here to enter text. |
| **Allergies** | Click here to enter text. | DOB | Click here to enter text. |
| **Would the applicant require 3:1 or 1:1 services?** | Click or tap here to enter text. |
| **Gender** | Choose an item. |
| **Spot Reservation** Please indicate “Yes” next to the days you are interested in below.  *If you are interested in an evening reservation please indicate “E” next to answer.* |
| **Monday’s 9-3pm****Spots Available** | Click here to enter text. |
| **Tuesday’s 9am-3pm, (E) 3-8pm****Spots Available** | Click here to enter text. |
| **Wednesday’s 9-3pm****WAITING LIST** | FULL |
| **Thursday’s 9-3pm, (E) 3-7pm****Spots Available** | Click here to enter text. |
| **Friday’s 9-3pm ( E)3-8pm****Spots Available** | Click here to enter text. |
| **Saturday’s 9-3pm****WAITING LIST** | FALL 2019 |
| **Start Date** | Click here to enter a date. |
| applicant daily requirements, Please Answer with “Yes” or “no”  | Answer |
| Is the applicant in need of accessibility/a ramp? | Choose an item. |
| Is the applicant in need of assistance with personal care? | Choose an item. |
| Is the applicant in need of a lift? | Choose an item. |
| Is the applicant able to communicate verbally? | Choose an item. |
| Is the applicant in need of medication administration during program hours? | Choose an item. |
| Is the applicant able to go in and out of a vehicle with limited assistance? | Choose an item. |
| Is the applicant able to safely travel as a passenger in a vehicle? | Choose an item. |
| Is the applicant in need of assistance with feeding? | Choose an item. |
| Is the applicant a flight risk? | Choose an item. |
| Is the applicant able to follow instruction for safety? | Choose an item. |
| Is the applicant able to participate in programming within a 3:1 ratio? | Choose an item. |
|  |
| Behaviour history, please indicate with a “Yes” or “No” if the individual has had any of the following behaviour in the last 5 years, please be sure to fill in the description as well. |
| **Punching/Hitting/Slapping/Pinching**  | Choose an item. |
| Details/Trigger: Click here to enter text. |
| **Spitting/Biting/Scratching** | Choose an item. |
| Details/Trigger:Click here to enter text. |
| **Kicking/ Head butting** | Choose an item. |
| Details/Trigger:Click here to enter text. |
| **Destruction of property or objects/ Using object as a weapon** | Choose an item. |
| Details/Trigger:Click here to enter text. |
| **Threatening Physically/Verbally** | Choose an item. |
| Details/Trigger:Click here to enter text. |
| **Screaming/ Swearing** | Choose an item. |
| Details/Trigger:Click here to enter text. |
| **Running/ Flight Risk** | Choose an item. |
| Details/Trigger:Click here to enter text. |
|  |
| medical history, please indicated with a “yes” or “no” , and fill in details below |
| **Seizure/Epilepsy**  | Choose an item. |
| Type?Click here to enter text. |
| How Often?Click here to enter text. |
| **Major Surgery**  | Choose an item. |
| Details:Click here to enter text. |
| **Anaphylactic Allergic Reactions**  | Choose an item. |
| Details:Click here to enter text. |
| **Immunization are up to date** | Choose an item. |
| Immunization not up to date:Click here to enter text. |
| **Incontinence**  | Choose an item. |
| Details:Click here to enter text. |
|  |
| Other accomodations required that are not mentioned above…  |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
|  |

|  |  |
| --- | --- |
| Applicant **Interests** | Click here to enter text. |
| Applicant **Dislikes** | Click here to enter text. |
| Applicant **Goals** | Click here to enter text. |

*I hereby give Abode Respite the right to review the information provided as an application for a possible spot reservation. I understand that this information will be kept confidential, and in the event of an unsuccessful application- it will be shredded, unless this applicant wants to be put on a waiting list. I am signing that, to the best of my knowledge, the information provided in this application is correct. I understand that if I provide false information, Abode Respite has the right to refuse registration.*

Submitted by …

|  |  |
| --- | --- |
| **Name** |  Click here to enter text. |
| **Relationship to Applicant** | Click here to enter text. |
| **Date** | Click here to enter a date. |
| **Phone Number** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Email** | Click here to enter text. |

|  |  |
| --- | --- |
| In the event this application does not get approved are you interested on going on our waiting list? | Choose an item. |

*All applications will be carefully considered. You should receive an email when the application has been received. If you do not receive an email within 2 business days of sending in the application please email* *aboderespite@outlook.com* *to ensure we did actually receive your application.* *It is at the discretion of Abode Respite to approved or decline an application.*

If your application is *approved*, you will be contacted by Abode Respite to set up a mutually convenient time to meet for an interview, and further assessment. This is where you will provide a team member of Abode Respite with the orientation of the abilities and needs of the applicant. If you are interested further, the participant will come to Abode, after hours, for a tour. Signing our client registration forms will follow.

There are a number of reasons why your application may be *declined*. If your application is not successful you will receive an email notification within 2 business days.

Thanks for your time,