

APPLICATION FOR SPOT RESERVATION AT ABODE HOUSE

Abode will be offering temporary spot reservations during limited times coinciding with provincial government guidelines and restrictions surround COVID-19

Abode House is located in Essex, Ontario.

Important Information:

Abode offers respite services out of our Abode House- this house is designed to be a hub for our members to grow and enjoy life! What we offer our members is different than any other service available in our community. We recognize the incredible uniqueness of each person we get to provide our services to and are proud to offer customized services to our members through only have 6 spots available each day. We are not a day program nor are we a group home- we are something entirely unique. We are looking to redefine respite services and barriers within our community...we look at respite from the members point of view. We aim to create full and exciting days for our members to achieve autonomy and independence within their life as an adult by celebrating abilities and providing opportunity.

This application is the first step of a three-part process, we purposely take our time when adding a new member to the Abode House to ensure a quality services for new and current members of Abode House.

Name	Click here to enter text.	Diagnosis	Click here to enter text.
Allergies	Click here to enter text.	DOB	Click here to enter text.
Can applicant operate within a 3:1 ratio?	Click or tap here to enter text.		
Gender	Choose an item.		
Spot Reservation Abode Respite House is Open Monday-Friday 9:00am-5:00pm Permanent Spots are Full at this time. Temporary Spots available for a limited time only. Pending community guidelines surrounding COVID-19			
Days per week requested	Please see hours of operation above.	Click here to enter text.	
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 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 eating?			Choose an item.
Is the applicant at risk for leaving the house without a Mentor present?			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.

REQUIREMENTS PLEASE INDICATE WITH A "YES" OR "NO" IF THE APPLICANT REQUIRES ANY OF THE FOLLOWING...PLEASE INCLUDE DETAILS BELOW	
Behavioural Expression Requirements (This includes any time the applicant will potentially hit/kick/threaten/throw an object towards another person).	Choose an item.
Details: Click here to enter text.	
Communication Requirements	Choose an item.
Details: Click here to enter text.	
Personal Care Requirements	Choose an item.
Details: Click here to enter text.	
Movement Requirements	Choose an item.
Details: Click here to enter text.	
Visual/Auditory Requirements	Choose an item.
Details/Trigger: Click here to enter text.	
Environmental Requirements	Choose an item.
Details/Trigger: Click here to enter text.	
Safety Requirements	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...
<ul style="list-style-type: none"> • Click here to enter text.

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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 Services Inc. the right to review the information provided as an application for a possible spot reservation. I understand that this information will be kept confidential. I am signing that, to the best of my knowledge, the information provided in this application is correct.

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.
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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 Services Inc. to approved or decline any application.

If your application is *approved*, you will be contacted by an Abode Team Member to set up a mutually convenient time to meet for an interview via Zoom. This is where you will provide a team member of Abode Respite with the orientation of the abilities and requirements of the applicant.

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.