



DATE STAMP

INCLUSION SERVICES
Community Services
420 Winnipeg Ave
Thunder Bay, ON P7B 6B7
Fax: 345-4520 Tel: 684-3338

Inclusion Services PARTICIPANT INTAKE FORM

Inclusion Services provides initial facilitation to recreation programming offered by The City of Thunder Bay in partnership with Community Living Thunder Bay. Inclusion Services is a free service, however, costs associated with the program must be covered by the participant.

Participant's Name: _____ Date of Birth: _____ M F
DD MM YY

Address: _____

Postal Code: _____ Phone Number: _____

Name of Guardian/Parent/Support: _____

Guardian/Parent/Support Contact #: _____

COMPLETE ONLY IF APPLICATION COMPLETED BY REFERRING AGENCY/INDIVIDUAL:

Name: _____

Organization: _____

Phone #: _____ Email: _____

If we need to contact your Guardian/Parent/Support/Spouse/Family Member during program hours and are unable to reach them at the above number, please give the name and phone number of an alternate that we may contact during program hours.

Name: _____ Phone #: _____

Relationship to you: _____

Are friends, family or other individuals currently acting as a support person for you? Yes No

Please provide name(s) of individual(s) and the relationship(s).

Does someone assist you with the following:

If yes, please indicate for each item how often and what assistance is needed. If no, please indicate with N/A.

Personal Care	
Managing Emotions	
Communication	
Mobility	
Participating in Daily Activities	

What role do you see the Inclusion Services Facilitator playing in your initial use of our services?

Do you use any assistive devices (e.g. wheelchair, hearing aids, etc.)? Yes No

If 'Yes' please describe: _____

How will you be getting to your activity? (e.g. HAGI, family member, etc.):

What are the best times of day/week for you to participate in recreation activities?

Please describe the recreation activities that you like to do:

Please describe the kinds of recreation activities that you **do not** like to do:

Please describe any health issues that you have that we need to know about to facilitate your inclusion in recreation activities successfully. Please list allergies, medical conditions, or other needs that require special consideration. (please attach any specific protocols that you are using):

Describe how you communicate. (e.g. verbally, signs, gestures, gazing, etc.)

How would you like to be communicated with during programming?

Tell us about your ability to interact with other people. What makes interactions easier/more difficult for you?

What are some of your goals in being involved in recreation activities? (e.g. fitness, meeting new people, etc.)

Development Disability: Under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 a person with a developmental disability needs to have significant limitations in cognitive and adaptive functioning. These limitations need to have originated before the age of 18, are likely to be life-long in nature, and affect major life activities such as personal care, language skills, learning abilities, the capacity to live independently as an adult, or any other activities of daily living.

Please check **yes** if you do have a developmental disability or **no** if you do not have a developmental disability. Yes No

Do you have any concerns, comments or do you have any questions regarding your participation in Inclusion Services?

Your signature indicates that the information that you provided is complete, correct and current. By signing you understand that Inclusion Services will maintain this personal information while receiving services. This includes statistics, a personal recreation plan, and service notes. If you are a person with a developmental disability this information will also be shared with Community Living Thunder Bay as required by Ontario regulations for maintenance and protection of personal information.

Date: _____ Signature: _____
Applicant/Guardian/Caregiver

PLEASE RETURN TO: Inclusion Services
Community Services
420 Winnipeg Ave
Thunder Bay, ON P7B 6B7
FAX: 345-4520 **TEL:** 684-3338

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980,c.302 (as amended) and will be used within the programme for emergency contact and program follow-up. Questions regarding this collection should be directed to the Supervisor of Aquatics and Wellness, 420 Winnipeg Avenue, Thunder Bay, Ontario, P7B 6B7, 684-3338.