# EAF Icon_blue.JPGhamilton & district extend-a-family

### Natural Family Application

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| client Information |
| Surname: | First Name: | Gender Identification |  | D.O.B. | \_\_\_\_\_\_\_\_\_YR \_\_\_\_\_MTH\_\_\_\_\_DAY |
| Street Address: | Apartment/Unit #: |
| City: | Province: | Postal Code: |
| Resides With | Mother [ ]  Father [ ]  Guardian [ ]  Other [ ]  Please explain:  |
| Allergies | YES [ ]  | NO [ ]  | What is the child allergic to? |   |
| Does child use an EpiPen© or puffer? | YES [ ]  | NO [ ]  | If yes, under what circumstances? |  |
| Prescribed Medications:  |
| OHIP: | Mobility Restrictions: |
| Dietary Restrictions:  | Toileting Needs: |
| Family Physician: | Phone No.: |
| Diagnosis: | Autism [ ]  | Down Syndrome [ ]  | FASD [ ]  |
| ADD [ ]  | ADHD [ ]  | OCD [ ]  |
| ODD [ ]  | Tourette’s Syndrome [ ]  | PDD [ ]  |
| Please list all other Diagnoses: |  |
| Does the child have a history of violent behaviours? YES [ ]  NO [ ]  If yes, give details: |
|  |
| Is the child a flight risk? YES [ ]  NO [ ]  If yes, give details:  |
|  |
| Does the child enjoy social outings: YES [ ]  NO [ ]  If yes, indicate types of outings:  |
|  |
| Primary/EMERGENCY Contact information (parent/guardian) |
| Primary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home Phone Number |  | Cell/Work Phone Number |  |
| Email Address |  |
| Secondary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home PhoneNumber |  | Cell/WorkPhone |  |
| Email Address |  |
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| HOUSEHOLD INFORMATION: who else lives in the house |
| Primary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home Phone Number |  | Cell/Work Phone Number |  |
| Email Address |  |
| Secondary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home PhoneNumber |  | Cell/WorkPhone |  |
| Email Address |  |

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| --- | --- | --- | --- |
| Name |  | Relationship to Child |  Age: |
| Street Address |  | City |  | Postal Code |  |
| Home Phone Number |  | Cell/Work Phone Number |  |
| Email Address |  |
| Secondary Contact |  | Relationship to Child |  |
| Street Address |  | City |  | Postal Code |  |
| Home PhoneNumber |  | Cell/WorkPhone |  |
| Email Address |  |

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| Name |  | Relationship to Child |  Age: |

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| Name |  | Relationship to Child |  Age: |

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| Name |  | Relationship to Child |  Age: |

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| Name |  | Relationship to Child |  Age: |

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| Waiver |
| I am the parent or guardian of the above-named client and give consent to Hamilton & District Extend-A-Family to share information about this individual with Contact Hamilton and any other agency that has a relevant interest in their well-being provided staff members exercise discretion, document such correspondence, and honour confidential and personal details whenever possible: \_\_\_\_\_ Yes \_\_\_\_\_ NoI acknowledge that the above-named client will be engaging in activities organized and/or arranged for by Hamilton & District Extend-A-Family and that these may be outside the scope of his or her daily routine. I acknowledge that participation in such activities may expose the above-named client to the possibility of injury. I grant Hamilton & District Extend-A-Family staff and adult volunteers the authority to obtain emergency medical treatment as necessary to ensure that the above-named client is protected from further harm or injury. I agree to waive and release Hamilton & District Extend-A-Family from all claims for damages that may arise, other than by negligence of Hamilton & District Extend-A-Family, or its employees, volunteers, and agents, as a result of this child’s participation in agency events: \_\_\_\_\_ Yes \_\_\_\_\_ NoI give permission for this individual to travel with agency staff and/or adult volunteers to scheduled events: \_\_\_\_\_ Yes \_\_\_\_\_ NoI grant Hamilton & District Extend-A-Family consent to use photographs or video footage taken by agency staff or volunteers to promote our agency via internet, social networking sites, agency newsletters, brochures, and other media: \_\_\_\_\_ Yes \_\_\_\_\_ No |
| Name of Parent/Guardian |  |
| Signature |  | Date |  |
| Notes: |



**PLAN OF CARE**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what parents/guardian hope their child will accomplish through attendance at the Extend-A-Family Programs:

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Describe the child’s needs and preferences e.g. child loves to swim:

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Review of Programs offered by EAF - Check off all that would most benefit this child / family ?

ASD/Recreation Program – ages 8 to 17 years 🞏

Summer Support Program 🞏

Buddy Program – wait listed 🞏

Holiday Hamper Program 🞏

Please check-off goals or areas of improvement the child/family is hoping to develop while involved with the EAF Program.

1. Develop friendship skills 🞏
2. Increase physical activity 🞏
3. Improve motor skills 🞏
4. Master activities of daily living 🞏
5. Receive social skills training 🞏
6. Improve knowledge of nutrition & healthy eating 🞏
7. Increase capacity to tolerate group experiences 🞏
8. Increase capacity to follow direction and stay on task 🞏
9. Experience new activities 🞏
10. Participate in EAF bus trips 🞏

PARENTS SIGNATURE COORDINATOR’S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY:

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| Program | Accepted | Coordinator | Initials |
| ASD / Recreation |  |  |  |
| Summer Support |  |  |  |
| Buddy |  |  |  |
| Holiday Hamper |  |  |  |