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

### Natural Family Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Phone  Number |  | | | | Cell/Work  Phone | | | |  | | | | | | |
| Email Address |  | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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 Phone  Number |  | Cell/Work  Phone |  | | | | Email Address |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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 Phone  Number |  | Cell/Work  Phone |  | | | | Email Address |  | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | Relationship to Child | Age: | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | Relationship to Child | Age: | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | Relationship to Child | Age: | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Name |  | Relationship to Child | Age: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 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 \_\_\_\_\_ No  I 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 \_\_\_\_\_ No  I give permission for this individual to travel with agency staff and/or adult volunteers to scheduled events: \_\_\_\_\_ Yes \_\_\_\_\_ No  I 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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:

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