



***Inclusions East Inc.***  
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Dear Parent or Guardian:

Attached you will find a copy of the *Request For Service* form. The purpose of this form is to provide us with some general information.

Please take your time completing this form and answer each question or section as thoroughly as possible. The more detailed the information you provide, the better it will assist us in reviewing your Request and providing proper follow-up. Should you feel uncomfortable or not agree with any part of this application, please leave that section blank and we will contact you for this additional information.

All completed *Request For Service* forms should be forwarded to the attention of the Executive Director at the above address. The Executive Director will coordinate any necessary follow-up which will include an interview with the applicant and their family.

A letter advising receipt of your application will be mailed to you within 10 working days of the date it is received.

Yours truly,

Nancy Anderson  
Executive Director

**Request For Service**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SIN \_\_\_\_\_ PHC \_\_\_\_\_

Email \_\_\_\_\_

Next of Kin/Guardian \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

Advocate \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

What type of service is the applicant seeking? Please describe your expectations of this service:

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

**A) Residential:**

Respite \_\_\_\_\_  
Alternative Living \_\_\_\_\_  
Supported Apartment \_\_\_\_\_  
Group Home \_\_\_\_\_  
Room & Board \_\_\_\_\_  
Other \_\_\_\_\_

**B) Vocational:**

Facility-based \_\_\_\_\_  
Community-based \_\_\_\_\_  
Combination \_\_\_\_\_  
Other \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_

**C) Community Support:**

Recreation \_\_\_\_\_  
Social \_\_\_\_\_  
Life Skills \_\_\_\_\_  
Day Respite \_\_\_\_\_  
Other, Please explain \_\_\_\_\_

**D) Employment Services:**

Pre-employment \_\_\_\_\_  
Employment Maintenance \_\_\_\_\_  
Job Coaching \_\_\_\_\_

Current Living Arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the client ever lived anywhere else in the past 5 years? If yes, please provide details and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the level of expectation/ responsibilities placed upon the applicant in the home and/or outside the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health: (allergies, physical disability, mental illness, special dietary needs, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any medications taken and purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Self-administered \_\_\_\_\_ Needs supervision \_\_\_\_\_

Education: Date of attendance \_\_\_\_\_  
Last school attended \_\_\_\_\_ Last level reached \_\_\_\_\_

Please describe any previous work, volunteer or community involvement starting with most recent (ie social clubs, community organizations, employment, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's strengths, likes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's weaknesses, needs, difficulties, dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will the applicant do if the application is not accepted immediately? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant interested in employment? What kind of work would he/she like to do? Do you have suggestions for community placements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you prepared to participate in the planning process for this applicant ?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Release of Information**

In applying for service, I hereby give my permission to access information regarding diagnosis, testing, educational background, residential, or vocational background relevant to my application.

Please identify the individuals or organizations that you are giving us permission to discuss information that is relevant to this application.

Family Doctor \_\_\_\_\_ Initial \_\_\_\_\_  
Mental Health Worker or Counselor \_\_\_\_\_ Initial \_\_\_\_\_  
Primary Care Provider \_\_\_\_\_ Initial \_\_\_\_\_  
Past Care/Service Providers \_\_\_\_\_ Initial \_\_\_\_\_  
Teachers \_\_\_\_\_ Initial \_\_\_\_\_  
Others \_\_\_\_\_ Initial \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
Signature of Client \_\_\_\_\_  
Signature of Referring Agency \_\_\_\_\_  
Date \_\_\_\_\_

**Section B**

Family Information: List brothers, sisters, extended family or other persons important to the individual requesting a service

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What can be expected in regard to future contact with the client by family, relatives and friends \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special friends or advocates who wish to remain in contact with the client

Name	Phone	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Functional Skills:** To complete this section, check off the item(s) under each heading that most accurately describe the applicant. Circle the appropriate description in any brackets ( ) as it applies.

**1. Eating**

- Requires reminders regarding table manners
- Has difficulty (swallowing) (chewing)
- Explain: \_\_\_\_\_
- \_\_\_\_\_
- On special diet
- Explain: \_\_\_\_\_
- \_\_\_\_\_
- Completely self-sufficient at the table
- Uses spoon and fork well, but not knife
- Uses spoon well alone
- Learning to use spoon; needs (much) (little) assistance
- Eats finger foods
- Drinks from cup without assistance
- Needs to be fed table food
- Needs to be fed pureed food

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Toileting**

- Completely self-sufficient in toileting
- Has accidents only at night
- Has accidents (daily) (weekly) (monthly)(when upset or in changed surroundings)
- Requires assistance with hygiene
- Needs no assistance but must be reminded
- Currently working on training

Explain: \_\_\_\_\_

- Wears diapers/attends at night
- Toilet training not yet attempted

Comments: \_\_\_\_\_

**3. Mobility**

- No problems with mobility
- Walks up/down stairs with caution
- Walks alone with poor balance, does not fall
- Stumbles frequently or walks into furniture
- Stands with assistance
- Confined to a wheelchair

Comments: \_\_\_\_\_

**4. Communication**

- Speech quality unimpaired
- Converses on telephone (can use directory) (can dial accurately)
- Speech is difficult for strangers to understand
- Speech is difficult for family to understand
- Indicates need by (crying) (pointing) (leading to door, etc)
- Uses words but does not understand their meanings
- Initiates and carries on conversations
- Relates experiences
- Talks in 2-3 word sentences
- Uses names of familiar objects or persons
- Follows simple directions
- Imitates sound
- Makes random vocalizations

Comments: \_\_\_\_\_

**5. Socialization**

- Recognizes familiar people
- Enjoys physical contact
- Shies away from strangers
- Interacts co-operatively with others
- Relates well to authority
- Prefers company of (peers) (staff) (children)
- Prefers to be left alone
- Is easily frustrated
- Responds to correction

By: \_\_\_\_\_

- Responds to change in routine

By: \_\_\_\_\_

- Is upset by noise/activity in the environment

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Supervision Needed ( Home and Community)**

- Can be left alone overnight
- Can be left alone during the day. How long? \_\_\_\_\_
- Can perform minor errands
- Is aware of appropriate social behavior in public
- Walks anywhere within town alone
- Walks within neighborhood alone
- Wanders away from home - cannot be left outdoors alone
- Crosses street safely after looking for cars
- Goes out into street without looking for cars
- Is (aware) (unaware) of basic safety issues in the home
- Must be supervised constantly

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Personal Self-help**

- Is completely self-sufficient in bathing, dental care, and dressing
- Chooses clothing and dresses appropriately alone
- Recognizes if appearance is clean and neat
- Tells time to nearest (hour) (half-hour) (quarter hour) (five minutes)
- Puts on coat/dress, (does) (does not) fasten it
- Removes coat if unfastened
- Operates (zipper) (buttons) (snaps)
- Does not help dress self

- \_\_\_\_\_ Shampoos hair (alone) (with assistance)
- \_\_\_\_\_ Combs hair (alone) (with assistance)
- \_\_\_\_\_ Can shave (alone) (needs assistance) (needs to be shaved)
- \_\_\_\_\_ Self-sufficient at tooth brushing (though reminders may be necessary)
- \_\_\_\_\_ (Does) (Does not) cooperate while teeth are being brushed
- \_\_\_\_\_ Learning to brush own teeth
- \_\_\_\_\_ Wear dentures. Any problems \_\_\_\_\_
- \_\_\_\_\_ Prefers (bath) (shower)
- \_\_\_\_\_ Baths alone if water is run. Doing (good) (fair) (poor) job
- \_\_\_\_\_ Must be bathed

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Sexuality**

- \_\_\_\_\_ Understands concepts of privacy/modesty
- \_\_\_\_\_ Can look after own method of birth control (if used)
- \_\_\_\_\_ Understands the purpose of birth control (if used)
- \_\_\_\_\_ Is participating or has participated in a meaningful relationship with boy/girl friend
- \_\_\_\_\_ Demonstrates interest in the opposite sex
- \_\_\_\_\_ Understands the concept of boy/girl friend

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Household / Domestic**

- \_\_\_\_\_ Can cook simple items on stove
- \_\_\_\_\_ Uses oven to bake
- \_\_\_\_\_ Makes own simple lunch/ breakfast
- \_\_\_\_\_ Sets table
- \_\_\_\_\_ Cleans bathroom
- \_\_\_\_\_ Vacuums
- \_\_\_\_\_ Dusts furniture
- \_\_\_\_\_ Can do own laundry
- \_\_\_\_\_ (Washes) (dries) dishes
- \_\_\_\_\_ Keeps room neat and tidy
- \_\_\_\_\_ Participates in household activities, but requires supervision and help
- \_\_\_\_\_ Does not participate in household cleaning

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**10. (Semi) Independent Living**

- \_\_\_\_\_ Can cook own daily meals (with) (without) supervision
- \_\_\_\_\_ Can buy groceries (with) (without) supervision
- \_\_\_\_\_ Can operate: \_\_\_\_\_ Vacuum      \_\_\_\_\_ Stove      \_\_\_\_\_ Washer  
                         \_\_\_\_\_ Dryer      \_\_\_\_\_ Microwave      \_\_\_\_\_ DVD/Stereo      \_\_\_\_\_ Oven
- \_\_\_\_\_ Can budget money for personal and domestic needs
- \_\_\_\_\_ Can pay own bills
- \_\_\_\_\_ Can make own appointments
- \_\_\_\_\_ Needs assistance with banking, paying bills and budgeting
- \_\_\_\_\_ Can maintain apartment in good order (with) (without) assistance

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Literacy Skills**

- \_\_\_\_\_ Can read at about \_\_\_\_\_ level
- \_\_\_\_\_ Can write
- \_\_\_\_\_ Recognizes (letters) (numbers) 1-10 \_\_\_\_\_ Up to \_\_\_\_\_
- \_\_\_\_\_ Recognizes basic signs, people in pictures
- \_\_\_\_\_ Manages own bank account
- \_\_\_\_\_ (Can) (Cannot) cash cheques, make withdrawals
- \_\_\_\_\_ Can write own name

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of client:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Signature of staff (if assisted):** \_\_\_\_\_

**Date:** \_\_\_\_\_