



HAMILTON & DISTRICT EXTEND-A-FAMILY

Natural Family Application

CLIENT INFORMATION					
Surname:		First Name:		Gender Identific	D.O.B. _____YR _____MTH _____DAY
Street Address:				Apartment/ Unit #:	
City:		Province:		Postal Code:	
Resides With	Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Please explain:				
Allergies		YES <input type="checkbox"/>	NO <input type="checkbox"/>	What is the child allergic to?	
Does child use an EpiPen® or puffer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, under what circumstances?	
Prescribed Medications:					
OHIP:			Mobility Restrictions:		
Dietary Restrictions:			Toileting Needs:		
Family Physician:			Phone No.:		
Diagnosis:	Autism <input type="checkbox"/>		Down Syndrome <input type="checkbox"/>	FASD <input type="checkbox"/>	
	ADD <input type="checkbox"/>		ADHD <input type="checkbox"/>	OCD <input type="checkbox"/>	
	ODD <input type="checkbox"/>		Tourette's Syndrome <input type="checkbox"/>	PDD <input type="checkbox"/>	
Please list all other Diagnoses:					
Does the child have a history of violent behaviours? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:					
Is the child a flight risk? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:					
Does the child enjoy social outings: YES <input type="checkbox"/> NO <input type="checkbox"/> 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

Name		Relationship to Child	Age:
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			