

Transition to Life Participant Application



Contact:

Patricia O'Connor

Integrated Autism Consulting

www.integratedautismconsulting.com

Email: patriciaoconnor@rogers.com

Criteria for Participation

- Documented diagnosis of Asperger Syndrome
- Ages 18-28
- High level of motivation to meet program goals
- Parent commitment and involvement
- Mandatory attendance and weekly assignment completion
- Ability to attend the course independently

Please complete this application as fully as possible. If assistance is needed please contact us.

All information on this form is confidential.

Please Submit by: April 15, 2013

Date: _____

FIRST NAME:	LAST NAME:
DATE OF BIRTH: _____/_____/_____(dd/mm/yyyy) Age: ()	ADDRESS:
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
PHONE #:	CELL/OTHER #:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDERED	FIRST LANGUAGE: OTHER:

Transition to Life Participant Application

<p>EMERGENCY CONTACT(S):</p> <p>NAME: _____</p> <p>NAME: _____</p>	<p>EMERGENCY PHONE:</p> <p>() _____ - _____</p> <p>() _____ - _____</p>
<p>CURRENT RESIDENTENTIAL SITUATION:</p> <p><input type="checkbox"/> Family Home <input type="checkbox"/> Own Residence <input type="checkbox"/> Group Home <input type="checkbox"/> Other – specify:</p>	

<p>1. PRIMARY DIAGNOSIS AND OTHER AREAS OF NEED: A copy of an assessment of diagnosis will be required for intake.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. MEDICATION (Please circle one) YES/NO STABILIZED? (Please circle one) YES/NO</p> <p>Please Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. OTHER SIGNIFICANT MEDICAL CONCERNS (i.e. Diabetes, Blood pressure, Allergies, etc.)</p> <p>Please circle one: YES NO UNKNOWN If you circled YES, describe:</p> <p>_____</p> <p>_____</p>
<p>4. HISTORY OF BEHAVIOURAL ISSUES [verbal/physical aggression, threats/bullying, inappropriate sexualized behaviour, violence towards self or others?]</p> <p>(Please circle one): YES / NO If you circled YES, describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5. LEVEL OF COGNITIVE FUNTIONING? Average / High</p> <p>_____</p> <p>_____</p> <p>_____</p>

Transition to Life Participant Application

6. INVOLVEMENT IN CONFLICT WITH THE LAW/CRIMINAL JUSTICE SYSTEM?

(Please circle one): **YES / NO** If you circled YES, indicate involvement and date(s):

7. SOURCE OF INCOME: Please check box(es)

- ODSP Support from Family Ontario Works
- Workplace Safety & Insurance Canada Pension Plan Accident Insurance
- Employed or Self (self- owned business) Employment Insurance
- Other (Please Specify): _____

8. HIGHEST LEVEL OF EDUCATION

- Some high school or less High school diploma Trade Certificate/Diploma
- Some University/College University/College Graduate

9. Please provide your employment/volunteer history, starting with the most recent:

10. Describe your personal interests (hobbies, sports, etc.)

11. List your strengths and challenges (What are you good at? What do you need help with?)

12. Why would you like to attend the Transition to Life project?

Transition to Life Participant Application

13. List 3 goals that you would like to achieve during the project:

14. How did you hear about this project?

15. Are you currently receiving any supports or services from any agencies? (Please Specify):

16. What are you doing now?

17. What are you going to be doing in September 2013?

18. What would you like to be doing in 5 years?

Transition to Life Participant Application

Parent Information

<p>1. List 3 goals you would like your young adult to achieve:</p> <hr/> <hr/> <hr/>
<p>2. Please explain any special considerations we should be aware of (and attach additional information if necessary):</p> <hr/> <hr/> <hr/>
<p>3. Are you available to support your young adult through this project and attend two 2-hour workshops?</p> <hr/> <hr/> <hr/> <hr/>

Name of Applicant

Signature of applicant

Date

Name of Parent

Signature of Parent

Date