

Life Readiness Application Form- 2024



PARTICIPANT INFORMATION:		
First Name:	Middle Initial(s):	Last Name:
Address:		City:
Postal Code:	Home Phone:	
Health Card Number:	Covid Vaccination Status:	
Date of Birth:	Gender:	
PARENT/GUARDIAN CONTACT INFORMATION:		
Parent/Guardian's Name:		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City	Email:	
EMERGENCY CONTACT #1:		
Primary Contact:		
Phone #'s:		
Relationship to Participant:		
Address:		
SECONDARY EMERGENCY CONTACT:		
Primary Contact:		
Phone #'s:		
Relationship to Participant:		
Address:		

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LRP HISTORY

Have you attended LRP before? YES NO

If yes, what is the most recent year attended?: _____

Please select which week you are interested in attending: (preference/spot is not guaranteed)

Week 1: July 1st-5th Week 1: July 8th-12th Week 1: July 15th-19th Week 1: July 22nd-26th

Only 1 week is available per person unless last-minute spots open. Please check off ALL weeks you are available and list weeks in order of preference below

Preferred Weeks in Order:

#1 _____ #2 _____ #3 _____ #4 _____

HEALTH INFORMATION:

Primary Diagnosis and Brief Description:

Other Conditions/Health Information:

Allergies (please list all food, medication, environmental etc.):

Do you require the use of an epi-pen?: YES NO

Do you currently take any medications?: YES NO

Support required with medications:

- I self administer my own medication (no support needed)
- I need prompting from staff when it is time to take my medication
- I need complete assistance from staff when taking my medication

***If staff assistance is required for taking medications, you will be required to sign the CONSENT FOR MEDICATION ADMINSTATION FORM on Page 4 ***

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Please list all medications required daily including PRN's (ie.Tylenol) by name/dosage/route and administration times

Name of medication:	Route/location on body:	Dosage/amount:	Time of day taken:

Additional medication requirements/notes:

**THE PARTICIPATION HOUSE PROJECT (DURHAM REGION)
CONSENT FOR MEDICATION ADMINISTRATION (LRP 2024)**

I, _____ (Guardian Name), hereby give consent to The Participation House Project (Durham Region) staff to administer personal medications to _____ (Participant Name) during their participation in the Life Readiness Program.

I also understand that if _____ (Participants Name) refuses any medication or there is a medication discrepancy, The Participation House Project (Durham Region) cannot be responsible for _____'s (Participants Name) medical safety or behavior.

This consent is to be effective during the participants given week at the Life Readiness Program 2024 (not to exceed a four-week period) from the date of this release.

Date (yy/mm/dd): _____ Effective to (yy/mm/dd): _____

Participant's Signature:

Guardian's Signature:

Witness' Signature:



COMMUNICATION:

Do you wear hearing aids: YES NO

Do you have speech difficulties: YES NO

Please indicate your preferred way to communicate and any communication techniques used to best understand:

SOCIAL DEVELOPMENT:

***Please ensure that this section is completed accurately so that we can provide the necessary supports to ensure a successful experience for all participants. ***

Choose an option below that best describes your social interaction style:

- Independently interacts with others without support.
- Requires encouragement and minimal support when getting involved in new experiences.
- Requires complete support engaging and actively participating in social situations.

Choose an option below that best describes your decision-making abilities:

- Independent
- Requires prompting
- Requires complete support.

Choose one of the following statements to describe how you react to situations that may cause increased anxiety:

- When I am anxious or upset, I can remove myself from the situation and use coping mechanisms to relax.
- When I am anxious or upset, I will direct my anger at my environment through physical aggression.
- When I am anxious or upset, I will run off and not tell you where I am going.
- When I am anxious or upset, I may hurt myself.
- When I am anxious or upset, I will direct my anger at another person through verbal aggression.
- When I am anxious or upset, I will direct my anger at another person through physical aggression.

I experience these types of situations:

- Daily
- Weekly
- Monthly
- Yearly



DISLIKES, PHOBIAS AND/OR TRIGGERS:

Please list any dislikes, phobias or triggers that could upset/cause discomfort to the participant while in the program:

CARE PROVISIONS:

Do you have any special dietary needs or restrictions? YES NO

If yes, please explain in detail:

Please indicate the level of assistance required for each of the following activities:

	Total Assistance	Partial Assistance	No Assistance
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing Hands/Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care (including changing personal absorbency products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you use a mobility device and require assistance with transferring? YES or NO

If you answered yes, please describe the device and level of support required:

Are there any specialized equipment/services you require that have not been mentioned?

YES or NO

If yes, please specify:

If a lift is required, please specify so we can ensure the proper equipment/support is provided

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ALCOHOL CONSUMPTION:

In a supported environment (ie. at a restaurant or public event), do you grant permission for the participant to have one alcoholic beverage if they choose: **YES** or **NO**

Signature: _____

TRANSPORTATION:

Participants and/or their families must arrange their own means of transportation for the arrival of the participant to the program location and for pick up at the end of the week. It is not the responsibility of The Participation House to arrange transit.

While accessing the community during their program stay, participants will be utilizing public transit with the support of our program facilitators.

Bus passes will be provided by The Participation House to the participants for use while attending the program.

Signature: _____

PERSONAL FINANCES AND BELONGINGS:

Please indicate the level of assistance required in keeping personal spending cash on the person:
Total Assistance Partial Assistance No Assistance

I acknowledge that the participant is in charge of their own personal spending money and will keep track of it at all times. I acknowledge that the participant is responsible for their own personal belongings. While at the Life Readiness Program, staff are not liable or responsible for personal money or missing personal belongings.

Signature: _____

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PROGRAM FEES:

Program fees will include the 5-day, 4-overnight accommodations, 24 hours per day support from PH staff, transportation costs (individual bus pass), 3 meals per day, snacks & drinks, and on-site activities for the program.

Payment of \$800.00 is required through e-transfer, cash or cheque. The information regarding the e-transfer process will be shared with you after you have been notified of acceptance into the program.

Please note:

- Your program spot is secured once we have received an email confirming your acceptance of participation, and your payment has been received.
- A \$50.00 cancellation fee will be charged to you in the event of a cancellation less than 2 weeks before your start date.
- **Participants are required to bring \$100 cash (small bills) for the purpose of learning to budget for recreational activities and off-site community participation.**

SIGNATURE:

Full completion of this application is required to determine an applicant's eligibility to participate in The Life Readiness Program.

The Participation House Project (Durham Region) reserves the right to refuse any applicant who has submitted an incomplete application or an application that does not truly reflect the support needs of the participant.

The Participation House Project (Durham Region) reserves the right to send home a participant who is presenting with support needs greater than those indicated on the application, and that are beyond the program's ability to safely accommodate.

The undersigned acknowledges the above statements and confirms the information provided in this application is complete and accurate to the best of his/her knowledge:

Signature of Applicant

Date: _____

Signature of Parent/Guardian

Date: _____

Please E-mail Application to:

Andrea Andrus, Manager - Community Services and Partnerships

Email: aandrus@phdurham.com

Submitting an application does not guarantee acceptance

APPLICATION DEADLINE: Friday June 7th, 2024