

Beyond 21

Admission Application

Participant's Name: _____

Home Address: _____

Home Phone : _____

Health Card Number: _____ Date of Birth _____

Doctor's Name: _____

Medications: _____

Allergies: _____

Emergency Contact (name and numbers): _____

Communication

Receptive Speech (please select)

- Understands Complex Instructions Y or N
- Understands Simple Instructions Y or N
- Understands Sign Language Y or N
- Understands if shown: _____
- Does not understand: _____

Expressive Speech (please circle)

- Uses Sentences Y or N
- Uses Words or Short Sentences Y or N

- Uses Sign Language Y or N
- Uses Communication Device Y or N
- No communication Y or N

Comments: _____

Mobility (please select)

- Independent Y or N
- Needs assistance on stairs Y or N
- Walks with assistance Y or N
- Uses wheelchair independently Y or N
- Uses wheelchair with assistance Y or N

Comments: _____

Nutrition

Food allergies: _____

Special Dietary Requirements: _____

Toileting (please select)

- Completely dependent Y or N
- Needs assistance monthly (menses) Y or N
- Needs assistance rarely Y or N
- Independent Y or N

Behaviour

	Physical Aggression	Frustration	Outbursts	Extreme Shyness	Other _____
Never					
Rarely					
Sometimes					
Often					

Please note any other accommodations necessary:

Medical Caution Sheet _____ please check yes or no

	Yes	No		Yes	No
Allergies			Hepatitis B carrier		
Arthritis			Phobias		
Behaviour Issues			Psychiatric diagnosis		
Chokes easily			Respiratory Problems (asthma)		
Constipation			Special Diet		
Dentures			Stomach Problems (reflux)		
Diabetic			Takes medications daily		
Epilepsy			Takes prn (as needed) meds		
Hearing loss			Wears glasses or contacts		
Hearing Aids			Wears braces or special shoes		

Likes and Dislikes

	LIKES	DISLIKES
Academics		
Life Skills		
Physical Fitness		
Recreation/Leisure		
Community Participation		

Beyond 21

Guardian Authorization

Is there a legal guardianship (appointed by the courts) in place for the individual? _____ Yes _____ No

If yes please name:

Legal guardian for property: _____

Legal guardian for personal care: _____

Note: If there is no guardianship in place then the participant should sign to indicate permission for photographs and release of information.

Please list name, phone, email for legal guardians below:

Same as first page: _____

Authorization to Transport

I, _____ understand that I / my child _____ may be transported by an employee or volunteer of Beyond 21. I will not hold Beyond 21 responsible for any accidents or damages that may occur.

Guardian/ Participant

Date

Witness

Date

Beyond 21

Photographic Release Form

I, _____ do hereby give my consent for photographs/videos to be taken of me/my child by the staff or volunteers at Beyond 21 for use at the center or externally, at their discretion.

I fully understand that this may identify me/my child as a person involved with Beyond 21 and in turn may identify me/my child's disability.

Guardian/Participant

Date

Witness

Date

Website/Facebook / Youtube Photographic Release Form

I, _____ do hereby give my consent for photographs/videos to be taken of me/my child by the staff or volunteers at Beyond 21 for use on Beyond 21's website, Facebook page, or Youtube channel.

I fully understand that this may identify me/my child as a person involved with Beyond 21 and in turn may identify me/my child's disability.

Guardian/Participant

Date

Witness

Date

Beyond 21

Release of Information

I, _____ understand that the information regarding participants may be shared with Beyond 21 staff, family support workers, committee members and volunteers on a need to know basis to ensure a safe and appropriate learning environment.

I, _____ understand that the above people will be required to sign an agreement to keep this information confidential.

Guardian/ Participant

Date

Witness

Date

Beyond 21

Waiver of Understanding

- I/We understand that if the participant is not independent (as identified by Beyond 21) they are required to attend the program with a support worker
- I/We understand that the fees are to be paid by postdated checks..
- I/We understand that it is the participants/families responsibility to provide transportation to and from Beyond 21 and for any special outings.
- I/We understand that it is not the responsibility of Beyond 21 staff, nor will it be permitted for the staff to dispense medication or provide hands on care.
- I/We understand that information collected regarding participants may be shared with family support workers, staff, committee members and volunteers on a needed basis to ensure appropriate and safer supports. I/we consent to the release of this information. I/we also understand that any information I/we obtain regarding other participants is to remain confidential.
- I/we understand that the admission to Beyond 21 is an at-will arrangement by both parties and can be discontinued at anytime.
- I/we understand that family support workers must meet the expectations of Beyond 21. This includes but is not limited to providing a yearly criminal reference check, signing a confidentiality agreement and abiding by the rules and regulations of Beyond 21. I/we also understand that our worker must be on par with the expectations I/we have of Beyond 21. I/we understand that non-compliance may result in a worker being asked to leave Beyond 21.
- I/we consent to let the participant participate in Beyond 21's program and all its various activities. I give permission for the staff to authorize emergency treatment as required. I understand that, although the workers, volunteers and directors provide as safe environment as possible, there is always an element of risk. Therefore, I, the undersigned, will not hold Beyond 21, theirs directors, coordinator, members, staff, volunteers or assistant responsible for anything that should happen to participant.
- I/we understand that our worker is required to have a yearly criminal reference check and presented to Beyond 21 Program Manager.. I/we understand that the cost for this criminal reference check is the responsibility of myself/the worker. I/we understand non-clear criminal reference checks will be forwarded to the Beyond 21 Steering Committee for review.
- I/we understand that acts of Physical Aggression may result in the participant being asked to leave Beyond 21 for the remainder of the Beyond 21 day at the discretion of

the Beyond 21 Staff. I understand that it is my responsibility to hire a worker that is able to support the behaviours of the participant.

- Notice will be made to parents/caregivers/candidates of a pending review within a “measured time” to discuss the candidate progress and any required adjustments to address specific needs.

Guardian/Participant

Date

Witness

Date