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**REQUEST FOR SERVICES APPLICATION
CONFIDENTIAL**

BACKGROUND

The purpose of this application is to provide us with general information. Once this information is received, a follow-up interview will be scheduled with the applicant and their family. Please complete the information that is applicable to you. Should you not agree with any part of this application, please leave that part blank.

TYPE OF SERVICE REQUESTED

Day Services:

<input type="checkbox"/> Employment	<input type="checkbox"/> Recreation/Leisure
<input type="checkbox"/> Life Skills Training	<input type="checkbox"/> Other (please specify) _____

Residential:

<input type="checkbox"/> Apartment	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Family Placement	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Group Home	

PERSONAL INFORMATION

Name:		
Address:		
Postal Code:	Phone #:	
Date of Birth: (mm/dd/yy)	Social Insurance #:	Health Card #:
Next of Kin/Guardian:		Advocate:
Relationship to Applicant:	Phone #:	
Referral Agent (if applicable):	Phone #:	
DSP Worker:	Phone #:	

EDUCATION

Last School Attended:	
Date of Attendance: (mm/dd/yy)	Last Level Reached:
Reason for Leaving:	

MEDICAL INFORMATION

General Health: _____ Good _____ Fair _____ Poor

Family Doctor:

Physical Disability: _____ Yes _____ No

Specify:

Medication: _____ Yes _____ No

Specify Type and Dosage:

Describe any other medical concerns:

Please comment on any additional information:

Name of person completing this application: _____

Date:	Signature:
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TO BE COMPLETED BY ADMISSIONS COMMITTEE

Accepted for further process: _____ Yes _____ No

Recommended Action or Reason for Refusal:

Date:	Notification to be sent by:
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