



Community Project for Adults with Special Needs Inc.

Community Participation Supports Application

Applicant:

Name: _____
(First) (Last)

Address: _____
(Street) (Apt. #)

(City) (Postal Code)

Phone: _____

Date of Birth: _____ Gender: _____
(Year) (Month) (Day)

When will you be ready to start attending Pegasus? _____

How many days do you want to attend each week? _____

Are you currently registered with the Residential/Day Supports Waitlist? _____

If yes, which agency is your Lead Agency? _____

If no, do you want Pegasus to be your Lead Agency and help you get your name on the waitlist? _____

Parents/Guardians:

	Mother	Father	Guardian
Name:	_____	_____	_____

Address:	_____	_____	_____
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Phone: (H)	_____	_____	_____
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(W)	_____	_____	_____
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Email Address for Applicant or Applicant's Main Contact Person:

Group Home (if applicable):

Name of Residence: _____

Address of Residence: _____

Name of Contact Person: _____ Telephone: _____

1. HEALTH INFORMATION

**1a. How does the applicant get around? (e.g. walks, uses wheelchair, canes, etc.)
Please explain**

1b. Does the applicant have any health problems?

1c. Does the applicant have seizures? Please give relevant information: triggers, frequency, medication, etc.

2. GENERAL INFORMATION

2a. How does the applicant communicate? (e.g. verbal, signs, gestures, etc.) Please explain.

2b. How does the applicant manage self-care, such as dressing, eating, toileting, grooming, etc.? (e.g. independently, some help, requires full assistance, etc.) Please explain.

2c. What activities does the applicant enjoy? Are there any activities that the applicant dislikes? Please explain.

2d. Has the applicant had experience with volunteer or paid employment? Would you be interested in exploring volunteer or paid employment?

2e. Please include copies of the applicant's most recent School Report as well as any recent assessments or evaluations by other agencies.

Please mail your completed application to:

931 Kingston Rd., Toronto, ON M4E 1S6 Attn: Program Manager

Or return by email: cgalbraith@pegasustoronto.ca