**Application**

**Aries (Day Time Respite Services)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (First) (Last)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (Apt. #)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (Postal Code)

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Year) (Month) (Day)

Email Address for Applicant or Applicant’s Main Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give Pegasus permission to communicate by email to send information about respite options, new services, etc.? 🞏 yes 🞏 no

Are you registered with respiteservices.com 🞏 yes 🞏 no

What activities does the applicant enjoy:

🞏 Swimming

🞏 Walking

🞏 Other physical activities (please be specific)

🞏 Grocery shopping, clothes shopping, other shopping

🞏 Socializing, catching up with friends

🞏 Technology—computer games, googling,

🞏 Communicating using technology

🞏 Working, outside the home

🞏 Working, at home

🞏 Drumming

🞏 Music therapy

🞏 Drama

🞏 Sewing, creating in general

🞏 Getting errands done, eg haircut, post office, sending birthday cards to family/friends etc.

🞏 Other, please list

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Health Information

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

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Does the applicant have any health problems?

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Will the applicant need medication while at Pegasus?

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

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General Information

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

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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.

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

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Is the applicant aggressive:

🞏 Never

🞏 Rarely

🞏 Once in a while –how often?

🞏 Often

🞏 Every day

Please describe the aggression and how it is addressed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Respite Services is the applicant seeking**?**

🞏 Team Saturday

🞏 Summer Break

🞏 Join Us Days

*This opportunity is being offered on a trial basis, and we can accommodate a very limited number of applicants.*

Please mail your completed application to:

931 Kingston Rd., Toronto, ON M4E 1S6

Attn: Rebecca Paterson

Program Manager

Or return by email: rpaterson@pegasustoronto.ca