A sport, fitness and life skills facility for EveryBODY™
varietyvillage.ca

Application: Adult Day Program

Applicant Information		
First Name:	Last Name:	Preferred Name:
Date of Birth:	Email:	
Cell Phone:	Home Phone:	Primary Contact: Yes ☐ No ☐
Address:		Unit:
City:	Province:	Postal Code:
Living Arrangements: ☐ Apartment ☐ Assisted Living ☐ House ☐ Other:		
Who does the applicant live with?		Languages Spoken:
Does the applicant have a disability and/or learning disabilities that you would like us to be aware of?		
What type of language would the applicant prefer our staff to use when referring to them and their disability? ☐ Person-First Language (i.e. child with autism) ☐ Identity-First Language (i.e. autistic child)		

Caregiver Contact Information		
First Name:	Last Name:	Relationship:
Address:		Unit:
City:	Province:	Postal Code:
Email:		
Does the caregiver live with the applicant? Yes ☐ No ☐		

Transportation Information
How does the applicant typically travel? ☐ Independently ☐ With Caregiver ☐ Other:
What methods of travel does the applicant use? ☐ Car ☐ WheelTrans ☐ Taxi/Uber ☐ TTC ☐ Walk
Is the applicant currently approved to use WheelTrans? Yes ☐ No ☐

Medical Information
Please list any applicable medical conditions or allergies (i.e Diabetes, Cardiac, Asthma, etc)?
Does the applicant have any allergies? Yes ☐ No ☐ Does the applicant carry an EpiPen? Yes ☐ No ☐
Has the applicant ever had a seizure? Yes ☐ No ☐
What type of seizure(s)?
Please describe any warning signs of a seizure, the frequency and duration.
Are there any physical concerns we should be aware of? Yes ☐ No ☐
Are there any social concerns we should be aware of? Yes ☐ No ☐
Are there any toileting concerns, or personal cleaning issues that we should be aware of? Yes ☐ No ☐

Any additional medical history we should be aware of? Yes ☐ No ☐
Does the applicant have any vision impairments? Yes ☐ No ☐
Does the applicant have any hearing impairments? Yes ☐ No ☐

Communication		
How does the applicant communicate? (Check all that apply)		
☐ Single Words	☐ 2-3 Word Combination	☐ Long, Complex Sentences
☐ Spontaneous Communication	☐ Asks Questions	☐ Points, Gestures, Sounds
☐ Echolalic (Echoing Words)	☐ American SIgn Language (ASL)	☐ Written
☐ Picture Exchange (PECS)	☐ Leads Individual by Hand	☐ Alternative Communication Device
Please add any additional information below:		

Social Skills		
How does the applicant act in social situations? (Check all that apply)		
☐ Enjoys large group activities (10+)	☐ Prefers small groups (less than 10)	☐ Difficulty interacting with peers
☐ Enjoys small group activities (2-10)	☐ Prefers large groups (more or 10)	☐ Difficulty interacting with adults
☐ Tolerates noise well	☐ Upset when others are sad/hurt	
Please add any additional information below:		

Participant Interests
Please describe some of the applicant's interests:

Emotions and Behaviour		
Describe the applicant's general behaviours and mood (Check all that apply)		
☐ Calm	☐ Happy	☐ Excitable
☐ Mood Swings	☐ Anxious	☐ Easily Frustrated
☐ Shy	☐ Other:	
Does the applicant have any strong fears/dislikes?		
What kind of situations are triggers for the applicant?		
☐ Frequent Transitions	☐ Weather (ex. Lightning, Thunder)	☐ Noise/Crowds
☐ Room Type	☐ New People	☐ New Environments
☐ Denied a Request	☐ Multiple Progrmas in One Area	☐ Other:
Please add any additional information below:		

Emotions and Behaviour				
Please select all behaviours exhibited by the applicant and the frequency at which they are exhibited.				
Behaviour	**Never**	**Rarely**	**Sometimes**	**Always**
High Energy	☐	☐	☐	☐
Low Energy	☐	☐	☐	☐
Low Frustration Tolerance	☐	☐	☐	☐
Wanders	☐	☐	☐	☐
Push/Hit/Kick Adults	☐	☐	☐	☐
Push/Hit/Kick Peers	☐	☐	☐	☐
Destructive to own/others property	☐	☐	☐	☐
Runs away and/or bolts	☐	☐	☐	☐
Hides	☐	☐	☐	☐
Non-Compliant	☐	☐	☐	☐
Resistant to Change	☐	☐	☐	☐
Self Injurious	☐	☐	☐	☐
Head Butting/Banging	☐	☐	☐	☐
Screams/Shouts	☐	☐	☐	☐
Aggressive to Others	☐	☐	☐	☐
Bites	☐	☐	☐	☐
Scratches	☐	☐	☐	☐
Self Stimulation	☐	☐	☐	☐
Profane Language	☐	☐	☐	☐
Temper Tantrums	☐	☐	☐	☐
Please expand on any behaviours selected on the previous page. Describe effective ways of managing inappropriate behaviours:				

Instructional and Behaviour Management Strategies		
The applicant will understand you better if you: (Check all that apply)		
☐ Get their attention first	☐ Speak slow and clear	☐ Repeat instructions and directions
☐ Have eye contact	☐ Use gestures	☐ Use visuals
The applicant responds well to instructions in the following formats: (Check all that apply)		
☐ High Energy	☐ Demonstrations	☐ Verbal instructions
☐ Low Energy	☐ Written/drawn instructions	☐ Use visuals
What works well to motivate the applicant? (Check all that apply)		
☐ Verbal praise	☐ Non-verbal praise (ex. Thumbs up)	☐ Music
☐ Quiet time	☐ Reward chart	☐ Rewards
Please add any other strategies or additional information you'd like to share:		

Transition Strategies		
What strategies work well to support the applicant with transitions? (Check all that apply)		
☐ Countdowns	☐ Calendar	☐ Fidget Toys
☐ Visual Aids	☐ Songs or Rhymes	☐ First/Then
Please add any additional information you'd like to share about supporting the applicant with transitions below:		

Safety		
Please select any applicable statements about the applicant's safety behaviours:		
☐ Stops/responds to hearing name	☐ Communicates name/phone	☐ Has street safety skills
☐ Can follow verbal directions	☐ Recognizes danger	☐ Other:
Please add any additional information you'd like to share about the applicant's safety behaviours below:		

Sensory and Motor Skills		
Sensory (Select all that apply)		
☐ Seeks touch (ex. Hugs, pinches)	☐ Seeks messy material (ex. glue)	☐ Mouthing of objects/fingers
☐ Dislikes being touched	☐ Sensitive to light, sound, taste, etc	☐ Appears fearful of activities
Gross Motor (Select all that apply)		
☐ Has good balance	☐ Needs help with transitional movements	☐ Physically dependent for gross motor movements
☐ Difficulty with developmental gross motor skills (ex. Kicking ball, climbing stairs, riding tricycle)		
Fine Motor (Select all that apply)		
☐ Full support required	☐ Needs support learning new fine motor skills	☐ Needs support holding small objects
Please add any additional information you'd like to share about the applicant's sensory needs and gross/fine motor skills below:		

Oral Motor: Does the participant have challenges with the following? (Select all that apply)		
☐ Swallowing	☐ Coughing/Choking	☐ Gastrointestinal
☐ Vomitting	☐ Other:	
Feeding Information:		
☐ Swallowing	☐ Puree	☐ G-Tube
☐ Takes a long time to eat	☐ Difficulty drinking from a cup	☐ Certain textures (ex. Gags, spits)
☐ Excessive drooling	☐ Difficulty with spoon feeding	
Please add any additional information you'd like to share about the applicant's sensory needs and gross/fine motor skills below:		

Activities of Daily Living			
Behaviour	**Independent**	**Some Assistance**	**Full Assistance**
Mobility	☐	☐	☐
Feeding	☐	☐	☐
Dress/undress	☐	☐	☐
Toileting	☐	☐	☐
Is the participant toilet-trained?	☐	☐	☐
Are there any special behaviours/routines/things we should know associated with toileting?			
Please indicate if the applicant is able to do the following actions independently (Select all that apply)			
☐ Wash Hands	☐ Wipe		
☐ Use feminine products (if applicable			

Organizational Support		
Please share any organizational support the applicant is currently benefiting from (ex. School, Day Program, Employment Skills Program, Respite Care, etc)		
Organization:		
First Name:	Last Name:	Position:
Email:		Phone:
Description of the program/services provided:		
I give Variety's Adult Day Program Team permission to contact the organization above Yes ☐ No ☐		
Organization:		
First Name:	Last Name:	Position:
Email:		Phone:
Description of the program/services provided:		
I give Variety's Adult Day Program Team permission to contact the organization above Yes ☐ No ☐		
Organization:		
First Name:	Last Name:	Position:
Email:		Phone:
Description of the program/services provided:		
I give Variety's Adult Day Program Team permission to contact the organization above Yes ☐ No ☐		

Additional Information
If you have any additional information about the applicant, please share below:

Supplemental Information
Please submit any supplementary information to dayprograms@varietyontario.ca with the application form. Supplementary information could include: • A service provider completing the Organization Support Form (Appendix A) • Individualized Education Plan • Transition Plan • Report Card • Evaluations, assessments or reports from Psychologists, Psychiatrists, BCBAs, etc. All documents submitted with the application should be dated within the last two years.