APTUS APPLICATION

Day(s) requested: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday
☐ Day Program: 9am to 3pm ☐Before Respite: 8:30am to 9 am ☐Afterhours Respite: 3pm to 4:30 pm

Staff to Client Ratio Requested	☐ 2:1@$66/hr ☐1:1@$37/hr ☐1:2@$22.50/hr ☐1:3@$19/hr ☐ 1:4@$17.50/hr ☐1:5@$16/hr ☐Coming with own support $10/hr

Contact Information

Applicant's Name: _____

Date of Birth:_____ Day / Month / Year Age:_____	Preferred pronoun ☐She ☐He ☐They	☐ Wheel-Trans I.D. #: _____ (Most outings are done by Wheel-Trans. If needed, please complete Wheel-Trans application. Application can be brought to interview for support.)

Address:_____ City:_____ PostalCode:_____

Applicant's cell phone (if applicable):_____

Applicant's email (if applicable):_____

Parent/Primary Caregiver

First name:_____ Last name:_____

Cell phone:_____ Home phone:_____ Email:_____

Other Parent/Primary Caregiver (Optional)

First name:_____ Last name:_____

Cell phone:_____ Home phone:_____ Email:_____

Applicant Information

Primary Diagnosis:_____
Reports may be requested to be brought to the interview.

Mental Health Diagnosis:_____
(if applicable) *Reports may be requested to be brought to the interview.*

Medical
☐ seizures ☐dietary issues ☐epilepsy ☐hearing impairment ☐visual impairment
☐ auto-injector required ☐allergies: _____
☐ other: _____
☐ I will be taking medication to the program
☐ I require assistance with medication ☐PRN (as-needed medication, e.g., re: seizure)
☐ I am independent with my medication

Does the participant have any medical conditions that may impact ability to engage in physical activity or community outings (e.g., epilepsy, previous surgery)? ☐YES ☐NO
Medical Condition:_____

Applicant Information

Communication (check off as many as are applicable)	☐ uses spoken words to communicate ☐ vocalizations ☐ non-vocal ☐ gestures/sign language ☐ communication device ☐ Picture Exchange Communication System ☐ Other: _____
Mobility (check off as many as are applicable)	☐ independent ☐ walker ☐ cane(s) ☐ independent with wheelchair ☐ staff support needed to move wheelchair ☐ other: _____ ☐ requires transfer assist ☐ 1 person pivot ☐ 2 person mechanical lift
Self-Care (check off as many as are applicable)	Hygiene/Washroom ☐ support needed for hygiene/washroom ☐ reminders only ☐ supervision only Eating/Drinking ☐ support needed for eating/drinking ☐ setup assistance needed (e.g., opening containers, heating food) ☐ supervision only

Staff to Client ratio at current or previous program/school ☐2:1 ☐1:1 ☐1:2 ☐1:3 ☐1:4 ☐1:5 ☐other:___

Does the participant have any types of challenging behaviours? ☐YES ☐NO If yes, check which apply:
☐self-injury ☐property destruction ☐pacing ☐bolting/elopement ☐aggression ☐screaming/yelling
☐emotional outburst ☐stealing ☐non-compliant ☐sexual aggression ☐other: _____
Is the participant currently receiving community behaviour services? ☐YES ☐NO
If yes, name of agency: _____ Therapist _____ From: __ /__ /____ To: __ /__ /____
Other programs/services currently enrolled in: _____

☐ Applicant is able to be successful in a group setting.
☐ Applicant is able to follow directions, e.g., stop, wait, redirection instructions, or activity instructions.
Comment: _____
Last Grade completed: _____
Reading level: _____
Comprehension ☐reading comprehension ☐understands when spoken to
Writing skill level: _____
Computer skill level: _____
Applicant likes/dislikes: _____
Applicant goals: _____
Applicant/Parent/Primary Care Giver Signature: _____ Date:_____

Please forward completed Application Form to: Aptus Treatment Centre
40 Samor Road Toronto, ON M6A 1J6 Fax: 416-630-2236 Email: anitak@aptustc.com

Office Use Only

☐ Accepted to Program ☐ Wait listed ☐ Declined

Day(s) and Times Scheduled:
☐ Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐8:30 - 9 ☐9 - 3 ☐3 - 4:30
Prospective Support Ratio:_____ ☐ Coming with own support Desired Start Date:_____

☐ interview date: _____ ☐ observation required – date(s):_____
☐ acceptance letter and Service Agreement sent ☐ signed Service Agreement and Schedules A, B and C received
☐ finance notified ☐ file created