

# Transition to Life Participant Application



### Project Criteria

- Documented diagnosis of Autism Spectrum Disorder (Asperger Syndrome)
- Ages 18-28
- High level of motivation to meet program goals
- Parent commitment and involvement
- Mandatory attendance and weekly assignment completion
- Ability to attend the course and work placement independently

LAST NAME:	FIRST NAME:
DATE OF BIRTH: ____/____/____ (dd/mm/yyyy)	AGE:
ADDRESS: CITY:	PROVINCE: POSTAL CODE:
PHONE #:	CELL/OTHER #:
E-MAIL:	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDERED	FIRST LANGUAGE: OTHER:
EMERGENCY CONTACT(S): NAME: _____ NAME: _____	EMERGENCY PHONE(S): ( ) ____ - _____ ( ) ____ - _____
CURRENT RESIDENTIAL SITUATION: <input type="checkbox"/> Family Home <input type="checkbox"/> Own Residence <input type="checkbox"/> Group Home <input type="checkbox"/> Other – specify:	

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<p>1. PRIMARY DIAGNOSIS AND OTHER AREAS OF NEED: <b>A copy of an assessment of diagnosis will be required for intake.</b></p> <hr/> <hr/> <hr/> <hr/>	
<p>2. MEDICATION (Please circle one) <b>YES/NO</b>      STABILIZED? (Please circle one) <b>YES/NO</b></p> <p>Please Specify:</p> <hr/> <hr/> <hr/> <hr/>	
<p>3. OTHER SIGNIFICANT MEDICAL CONCERNS (i.e. Diabetes, Blood pressure, Allergies, etc.)</p> <p>Please circle one: <b>YES / NO / UNKNOWN</b>      If you circled YES, describe:</p> <hr/> <hr/> <hr/> <hr/>	
<p>4. HISTORY OF BEHAVIOURAL ISSUES [verbal/physical aggression, threats/bullying, inappropriate sexualized behaviour, violence towards self or others?]</p> <p>(Please circle one): <b>YES / NO</b>      If you circled YES, describe:</p> <hr/> <hr/> <hr/> <hr/>	
<p>5. LEVEL OF COGNITIVE FUNTIONING? <b>Average / High</b></p> <hr/> <hr/> <hr/> <hr/>	
<p>6. INVOLVEMENT IN CONFLICT WITH THE LAW/CRIMINAL JUSTICE SYSTEM?</p> <p>(Please circle one): <b>YES / NO</b>      If you circled YES, indicate involvement and date(s):</p> <hr/> <hr/> <hr/> <hr/>	

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7. SOURCE OF INCOME: Please check box(es)

- ODSP                                       Family Supported                                       Ontario Works
- Workplace Safety & Insurance                                       Employed or Self- Employed                                       Employment Insurance
- Other (Please Specify): \_\_\_\_\_

8. HIGHEST LEVEL OF EDUCATION

- Some Secondary School or less                                       Secondary School Diploma ->  Academic /  Applied
- Some University/College                                       University/College Graduate                                       Trade Certificate/Diploma

9. Please provide your employment/volunteer history, starting with the most recent:

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10. Describe your personal interests (hobbies, sports, etc.).

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11. List your strengths and challenges (What are you good at? What do you need help with?)

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12. Why would you like to attend the Transition to Life project?

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13. List 3 goals that you would like to achieve during the project:

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14. How did you hear about this project?

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15. Are you currently receiving any supports or services from any agencies? (Please Specify):

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16. How do you spend your time daily?

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17. What are you going to be doing in September 2014?

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18. What would you like to be doing in 5 years?

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## Parent Information

1. List 3 goals you would like your young adult to achieve: _____ _____ _____
2. Please explain any special considerations we should be aware of (and attach additional information if necessary): _____ _____ _____
3. Are you available to support your young adult through this project and attend two, 2-hour workshops? _____ _____ _____

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

All information on this form is confidential.  
If you require assistance or have questions about this application, please contact us.

Contact:  
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