

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

Please Submit by: June 20th, 2014

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"/> NON-BINARY	FIRST LANGUAGE: OTHER:
EMERGENCY CONTACT(S): NAME: _____ NAME: _____	EMERGENCY PHONE(S): () ____ - _____ () ____ - _____
CURRENT RESIDENDENTIAL 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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1. PRIMARY DIAGNOSIS AND OTHER AREAS OF NEED:

A copy of an assessment of diagnosis will be required for intake.

2. MEDICATION (Please circle one) **YES/NO** STABILIZED? (Please circle one) **YES/NO**

Please Specify:

3. OTHER SIGNIFICANT MEDICAL CONCERNS (i.e. Diabetes, Blood pressure, Allergies, etc.)

Please circle one: **YES / NO / UNKNOWN**

If you circled YES, describe:

4. HISTORY OF BEHAVIOURAL ISSUES [verbal/physical aggression, threats/bullying, inappropriate sexualized behaviour, violence towards self or others?]

(Please circle one): **YES / NO**

If you circled YES, describe:

5. LEVEL OF COGNITIVE FUNCTIONING? **Average / High**

6. INVOLVEMENT IN CONFLICT WITH THE LAW/CRIMINAL JUSTICE SYSTEM?

(Please circle one): **YES / NO**

If you circled YES, indicate involvement and date(s):

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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:

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

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

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:

14. How did you hear about this project?

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

16. How do you spend your time daily?

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

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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