

# COLUMBIA TRAINING CENTER COMMUNITY ACCESS SERVICES APPLICATION FORM AND APPLICANT PROFILE

<b>NOTE:</b> <b>Must; Shall; Will:</b> <b>Should:</b> <b>May or Could; Can:</b>	<b>Clarification of Terms</b> These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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**Please answer all questions as best as you can. We may have to send it back if you do not fill in all the questions, then you may not start when you want to.**

**PLEASE PRINT** (legibly) put "N/A" (not applicable) if you don't know the answer.

**Personal Information:**

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     Day                      Month                      Year

Male:        Female        Genderqueer/Non-Binary

Do you have a Social Insurance Number?    Yes                      No

Do you have an Alberta Health Care Number?    Yes                      No

Do you have a current Police Record Check?    Yes                      No

Do you have a Personal Directive                      Yes                      No

Do you have a Goals of Care Designation?    Yes                      No

**When do you want to start the service:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   Day                      Month                      Year

**Personal Support Network:**

Services Coordinator    Name \_\_\_\_\_ Telephone# \_\_\_\_\_

AISH Worker                      Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Guardian                              Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Parent                                      Name \_\_\_\_\_ Telephone# \_\_\_\_\_

- Trustee Name \_\_\_\_\_ Telephone# \_\_\_\_\_
- Residential Worker Name \_\_\_\_\_ Telephone# \_\_\_\_\_
- Personal Counselor Name \_\_\_\_\_ Telephone# \_\_\_\_\_
- Other Services Name \_\_\_\_\_ Telephone# \_\_\_\_\_
- Other Name \_\_\_\_\_ Telephone# \_\_\_\_\_

**Living Arrangements, you live:**

- By Yourself       With a Supported Roommate       In a Group Home
- With Your Parents       Other: Please explain \_\_\_\_\_

Who can we contact in case of an emergency?

Name \_\_\_\_\_ Who is this? \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Who else can we contact if we cannot reach your emergency contact?

Name \_\_\_\_\_ Who is this? \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**Academic Level: (Check those that apply)**

**Reading:**

Grade Level: \_\_\_\_\_

- I cannot read       I know what words look like
- I can read a little       I can read a book

**Writing:**

Grade Level: \_\_\_\_\_

- I can only write my name       I can write a letter
- I can write a few words

**Mathematics:**

Grade Level: \_\_\_\_\_

I can Add  
 I can Subtract

I can Divide  
 I can Multiply

**Education:**

What High School did you last go to? \_\_\_\_\_

What year did you start and finish?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day                      Month                      Year

**Residential/ Community Access/ Employment Supports/Counselling:**

Have you received services from any agencies since leaving High School?

Yes                       No

If you have been with or are currently receiving services, please answer this part next:

Name of Service: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Service: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Finished: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Health and Medical:**

Do you have any health or medical problems that we should be aware of? Please provide details below:

Health or Medical Concern:  
any?

What medication are you taking if

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. \_\_\_\_\_  
6. \_\_\_\_\_

Do you take this medication by yourself: Yes  No

How do you take this medication? \_\_\_\_\_

**General Information:**

**Disability:**

Describe your disability

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**Transportation:** (Check those that apply)

How do you get around the city?

- |  |   |
|--|---|
| <input type="checkbox"/> I only use Access Calgary                     | <input type="checkbox"/> I need help learning routes        |
| <input type="checkbox"/> I can use transit alone                       | <input type="checkbox"/> I can call transit for information |
| <input type="checkbox"/> I use both Access Calgary and Calgary Transit | <input type="checkbox"/> I have a driver's license          |
| <input type="checkbox"/> I know lots of routes                         | <input type="checkbox"/> I have a vehicle and drive         |

Do you need help with transportation to get to the college or to your activities?

- Yes       No

If yes you need help with transportation, what kind of help do you need?

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**Communication Skills:**

Describe how you communicate with others (verbal, bliss, signing, etc.) and the level of your ability.

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**Social Skills:**

a) How well you get along with others?

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b) Who are your main social contacts (i.e. Family, friends etc.)

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**Self Help Skills:**

Comment on grooming, personal hygiene, and eating, dressing and personal safety awareness.

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**Residential Skills:**

Comment on ability to plan and prepare meals, do laundry, house cleaning, grocery shopping, get around independently in the community, telephone skills, etc.

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**Recreation/Leisure:**

Describe your past and current involvement in individual and group activities.

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**Behavioral Concerns:**

Describe any unusual behaviors, when and where they occur, their frequency and possible causes.

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**Community Awareness:**

Are you aware of the services that are available for you in your community? (I.e. Health and social services, police, emergency, social event schedules etc.)

Yes       No

Do you need help accessing services in your community?

Yes       No

If yes please explain:

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Include any generic or specialized services you are or have been involved with.

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**Additional Comments** (Is there anything else that we need to know?):

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**Community Access Related Information and Profile:**

Why do you want to do with your time?

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List at least 5 activities you want to do during your day:

1)

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2)

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3)

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4)

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5)

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**Check the type of activities you are looking for:**

- Recreation Up to how many hours of work per week: \_\_\_\_\_
- Socialization Up to how many hours of work per week: \_\_\_\_\_
- Volunteerism Up to how many hours of work per week: \_\_\_\_\_
- Community Connection Up to how many hours of work per week: \_\_\_\_\_
- Arts and Crafts Up to how many hours of work per week: \_\_\_\_\_
- Skill Development Up to how many hours of work per week: \_\_\_\_\_
- Functional Academics Up to how many hours of work per week: \_\_\_\_\_

**Check the days and times that you want to receive supports:**

Daytime hours on: Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

Evening hours on: Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

**The earliest time you can start is:**

\_\_\_\_\_

**The latest time you can finish is:**

\_\_\_\_\_

**Do you need time off? If you do, please tell us when and why:**

\_\_\_\_\_

\_\_\_\_\_

**Employment, Volunteer, or Work Experience History:**

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Dates there: \_\_\_\_\_ from (month/year) \_\_\_\_\_ to (month/year)

Name of Supervisor: \_\_\_\_\_

Type of Experience: Volunteer \_\_\_\_\_ Work Experience \_\_\_\_\_

Supported Employment \_\_\_\_\_ Competitive Employment \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you do there? \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Dates there: \_\_\_\_\_ from (month/year) \_\_\_\_\_ to (month/year)

Name of Supervisor: \_\_\_\_\_

Type of Experience: Volunteer \_\_\_\_\_ Work Experience \_\_\_\_\_

Supported Employment \_\_\_\_\_ Competitive Employment \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you do there? \_\_\_\_\_

**Describe your strengths (What can you offer a company?):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe your needs (Areas you need to work on):** \_\_\_\_\_

\_\_\_\_\_



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**Circle all the answer that sounds the best to you:**

- a) I like being:                      indoors                      outdoors                      both
- b) I like places that are:              warm                      cool                      mild
- c) I like it when it's:                      quiet                      noisy                      mixed
- d) Be where there's:                      people                      alone with staff                      both
- e) Be where it's:                      busy                      relaxed                      both

**What is the best way for you to understand what to do? (Learning)**

- When someone tells you
- When someone writes them down for you
- When someone shows you

**Check the best answer to the following questions:**

**How much help do you need to from your staff? (Independence)**

- I need a lot of help
- I don't need help
- I need a little help

**How much help do you need to do your job from your peers? (Independence)**

- I need a lot of help
- I need a little help
- I don't need help

**How much can you lift and carry? (Strength)**

- 0 – 10 pounds
- 10 – 20 pounds

- 20 – 50 pounds
- More than 50 pounds

**How long can you stand or walk without taking a break? (Endurance)**

- Less than 30 minutes
- 30 minutes to 1 hour
- 1 – 2 hours
- More than 2 hours

**When you are at an activity, which of these is the biggest area that you can be in without getting lost or confused? (Orientation)**

- One room
- 3 or more rooms
- A large building
- A building and yard

**How fast do you normally like to walk? (Speed)**

- Fast
- Medium
- Slow
- Very slow

**Can you tell time?**

Using a clock that has hands (analog)



Using a clock with numbers only (digital)



I can tell when it's time for breaks and lunch

I can't tell time

**How well can you move around? (Mobility)**

I can move around with no trouble

I can move around pretty well but I have trouble when:

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I can't move around very well because:

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**How safe are you? (Safety & Dexterity)**

I can use my fingers, hands, arms and legs well

I can't move my fingers, hands, arms and legs well because:

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I have trouble paying attention to what I am doing

I have no problem being safe at when in an activity

**How well do you deal with change? (Flexibility)**

Yes I can be flexible

I have some trouble with changes because:

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No I can't deal with changes because:

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**Other:**

Comment on any items not discussed above that you feel important:

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### Disclosure

In order to properly provide services, and to assess any risk of harm to the Individual, staff or others, Columbia Training Center is prepared to undertake services only upon condition that the Individual and where applicable their legal guardian and/or their support team makes full disclosure of all information pertaining to the Individual relevant to any of the following:

- a) any history of violent, abusive, threatening, unlawful or suicidal behaviour;
- b) all available professional opinions regarding the Individual's inclination towards violent, threatening, unlawful or suicidal behaviour;
- c) any medical or other information regarding medication, therapy or other treatment that may assist in avoiding threatening, unlawful or suicidal behaviour;
- d) any health information or other information that might assist the Columbia Training Center in providing services for the Individual;
- e) the identity of any health care provider, custodian or affiliate of a custodian including Alberta Health Services, which may have any of the above information in its possession.

By signing this document, the Individual and where applicable their legal guardian and/or their support team confirm full disclosure of this information to the Columbia Training Center and agree to promptly provide the Columbia Training Center with any updated information in this regards while the Individual remains in service with the Columbia Training Center.

### Understanding and Signing:

I have read and understand this form, or someone has helped me so that I do understand this form. By signing below, I agree to have the Columbia Training Services Coordinator call me to set up an interview.

Your Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Informal Rep: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Funding Request Submission Date: \_\_\_\_\_

Actual Start Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_