



**PALS ADULT PROGRAM FOR A WORKING LIFE  
INTAKE APPLICATION**

(07/25/10)

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female (please circle)

Address: \_\_\_\_\_  
City, Province Postal Code

Citizen of Canada? Yes No If no, Landed Immigrant? Yes No (please circle)

Parent /Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information**

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_ Diagnosed by: \_\_\_\_\_

Current Medication: \_\_\_\_\_

\_\_\_\_\_

Allergies, include life threatening allergies or medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Is applicant aware of his/her medical allergies \_\_\_\_\_

Special Diet: \_\_\_\_\_

Seizures/Convulsions? yes  no

If Yes, Treatment: \_\_\_\_\_



Recurring Health Ailments: \_\_\_\_\_

List of Physical Sensitivities/Disabilities: \_\_\_\_\_

Has an ABLLS (The Assessment of Basic Language and Learning Skills) been completed and if so, when?

**Description of current programs and activities**

Type of programming, location and schedule:

**General Information about the applicant:**

What current communication skills does the applicant have? *(For example, vocalizations, words, sign language, PECS, etc.)*

Does the applicant have any behaviours we should be aware of:



**Please select the activities you would like your child to be involved in:**

- Employment Placement       Volunteer Opportunities
- Skills for Independence       Employment Readiness Training
- Functional Curriculum       Transit Training
- Recreation
- Other

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**Please indicate the level of independence in all these areas of daily living:**

	Independent/No assistance required	Semi-Independent/Partial assistance required	Dependent/full time assistance required
Feeding			
Dressing			
Toileting			
Transit			
Social Interaction			
Mobility for safety			

Once we receive this intake application, we will evaluate all applicants. If this applicant is selected, you will be contacted to participate in an initial assessment. Please be aware that fees may range from \$1700 to \$2100 per month. If applicants are in receipt of CLBC individualized funding, PALS can serve as a Host Agency for your family. Please mail completed intake application to:

**PALS, 2409 East Pender Street, Vancouver, B.C. V5K 2B2 or fax to 604-251-1627**

The undersigned hereby acknowledges that the information contained in this application is complete and accurate to the best of their knowledge, and that the terms of this application has been read and understood.

**Parent /Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature

Thank you for your interest in the PALS Adult Program for a Working Life.