

Life Empowerment Support Services Inc. Application for Service

P.O. Box 4637
5028-49a Street
Barrhead, Alberta T7N 1A5
Email: admin@LifeEmpowerment.ca
Fax: 780-674-6886
Phone: 780-67-7664

Name		Date of Birth	
Address		Phone Number	
Legal Status		Minor Child <input type="checkbox"/>	Independent Adult <input type="checkbox"/> Dependent Adult <input type="checkbox"/>
Cultural Background		Religious Preference	
Social Insurance No.		Alberta Health Care No.	
Other Health Care No.		Personal Identification	
Height		Weight	
Identifying Marks		Eye Color	Hair Color
Emergency Contact(s)		Picture Included	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Contacts			
Parent/Next of Kin	Home Ph.	Work Ph.	Cell Ph.
Address		Email	
Parent/Next of Kin	Home Ph.	Work Ph.	Cell Ph.
Address		Email	
Guardian	Home Ph.	Work Ph.	Cell Ph.
Address		Email	
Trustee	Home Ph.	Work Ph.	Cell Ph.
Address		Email	

Please note that when you are accepted into service, Life Empowerment will require copies of the following:

- Court Appointed Guardian/Trusteeships, or AISH Trustee Agreements
- Alberta Health Care Number
- Social Insurance Number
- Photo ID
- For all Status First Nations People, a copy of their Treaty and White card will also be needed

Medical, Professional, and Previous Placements Contacts						
Family Doctor		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Dentist		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Optometrist		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Pharmacist		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Mental Health		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Other		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Other		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Other		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Other		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	
Other		Office Ph.		Fax		
Office Address			Consent to contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials to Consent	

Social/Emotional Development (describe to the best of your ability)

Level of independence for age: _____

Social interactions skills/maturity – any delays in social development/concerns. Does he/she prefer small groups 1 or 2 friends, is he/she shy/outgoing, etc.?

Areas of special skill or need (e.g. behavioral or emotional): (Please attach assessments)

Mobility

General comments on the Individual's mobility level (able to travel alone, need support to get from place to place, uses public transportation, drives, etc.):

Does the Individual have any physical disabilities or limitations?

Basic Functional Profile

General functional comments, level of independence, level of comprehension:

Independent living skills/abilities:

Basic Functional Profile continued

Self-help skills (level of independence in dressing, eating, personal hygiene, etc.):

Community inclusion independence level:

Employment/work skills, history, level of independence, previous employers and contact information:

Personal Preferences

Individual's Likes:

Individual's Dislikes:

Special Interests/Hobbies:

Financial Status: check all that apply

AISH

Employment

Insurance

Other

Requested Supports

Check all that applies

Community Living Supports – Overnight this support is a 24/7 program that will include Community Access Supports.

→ Employment Access Yes No Total Units: _____

→ School Yes No Total Units: _____

School: _____

Choose the appropriate Community Living Supports

24/7

Community Living Supports – Non-Overnight - Total Weekly Units: _____

→ Community Access Supports Yes No Total Units: _____

→ Employment Access Yes No Total Units: _____

Non – Overnights

