

Life Empowerment Support Services Inc.

Internal Application for Service

| | | | | | | |
|--|--|-----------------|----------------------|-----------------|-----------------------|-----------|
| Name | | | Date of Birth | | | |
| Address | | | Phone Number | | | |
| Legal Status | Minor Child <input type="checkbox"/> Independent Adult <input type="checkbox"/> Dependent Adult <input type="checkbox"/> | | | | | |
| Personal Contacts | | | | | | |
| Guardian | | Home Ph. | | Work Ph. | Cell Ph. | |
| Address | | | | Email | | |
| Trustee | | Home Ph. | | Work Ph. | Cell Ph. | |
| Address | | | | Email | | |
| Funder | | Home Ph. | | Work Ph. | Cell Ph. | |
| Address | | | | Email | | |
| Requested Supports | | | | | | |
| Check all that applies | | | | | | |
| Community Living Supports – Overnight: this support is 24/7 program that will include Community Access Supports. | | | | | Current Totals | |
| | | | | CLS | | ES |
| → Employment Supports Yes <input type="checkbox"/> No <input type="checkbox"/> Total Units: _____ | | | | | | |
| → School Yes <input type="checkbox"/> No <input type="checkbox"/> Grade: _____ | | | | | | |
| School: _____ | | | | | New Totals | |
| → Transitional Supports: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | CLS | ES |
| | | | | | | |
| Community Living Supports – Non-Overnight - Total Weekly Units: _____ | | | | | Current Totals | |
| | | | | CLS | ES | |
| → Community Living Supports Yes <input type="checkbox"/> No <input type="checkbox"/> Total Units: _____ | | | | | | |
| → Employment Supports Yes <input type="checkbox"/> No <input type="checkbox"/> Total Units: _____ | | | | | | |
| → Transitional Supports Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | New Totals | |
| | | | | | CLS | ES |
| | | | | | | |

❖ **Units = how many hours you are requesting**

