

Protection (Privacy) of Client Personal Information

Purpose

March of Dimes Canada (MODC) collects personal information for a variety of purposes including the delivery of services, fundraising, quality management, research, billing and meeting legal and regulatory requirements.

MODC utilizes several safeguard measures to protect personal information and keep it confidential and will not share any personal information with any third parties unless it is directly related to the delivery or enhancement of the services that MODC provides or unless a Canadian law requires it.

Personal information that is no longer required to fulfill the identified purposes will be destroyed, erased, or made anonymous. MODC has guidelines and procedures to prevent unauthorized access and to govern the destruction of personal information

The full MODC Personal Information Protection (Privacy) Policy is available on the MODC website or by request.

Consent

I fully understand the reasons March of Dimes Canada (MODC) has requested my personal information and I give consent to MODC to use my personal information for the purposes outlined. I also understand that I may withdraw my consent at any time, subject to legal or contractual obligations and reasonable notice, and that MODC will inform me of the implications of such withdrawal.

Client Name [active SDM where authorized] (please print):	Signature:	Date: (mm/dd/yy)
Witness Name * (please print):	Signature:	Date: (mm/dd/yy)
Supervisor/Program Manager/Designate Name (please print):	Signature:	Date: (mm/dd/yy)

* Only required when Client unable to sign on own

PLEASE NOTE:

This application form is only to be used to apply for MODC Attendant Services. Should you also be interested in Brain Injury programs, you can download an application at <https://www.marchofdimes.ca/en-ca/programs/abi/ontario> or contact your local MODC office.

Applicant Name:	Office Use Only
Date:	Client #:

March of Dimes Canada Community Support Services Office List

You may apply to more than one office and/or location. A separate application will have to be completed for Attendant Services and Brain Injury Programs. Please select all applicable locations and offices below:

***If an applicant declines an offer to one or more of their selected locations/offices, they will be removed from that location/office's waiting list and the date of decline will become the new date of application for all remaining applicable locations/offices.**

<u>LEGEND</u>	
AS – Attendant Services	BI – Brain Injury
OS – Outreach Services	SHP – Supportive Housing Program
Bdrm – Bedroom	ALC – Alternate Levels of Care
	OAS – Outreach Attendant Services
	CC – Congregate Care
LOCATIONS	OFFICES
<input type="checkbox"/> Central Ontario Community Support Services 13311 Yonge St, Suite 202 Richmond Hill, ON L4E 3L6 (905) 773-7758 x 6216 1-800-567-0315 x 6216 Fax: (905) 773-5176	<input type="checkbox"/> Richmond Hill: Observatory Towers SHP AS 119005 1,2 bdrm <input type="checkbox"/> Markham: Kin Village SHP AS 119004 1,2,3 bdrm <input type="checkbox"/> Thornhill: SHP AS 119008 1,3 bdrm <input type="checkbox"/> York Region: OAS 119002 <input type="checkbox"/> Vaughan Congregate Care: CC AS 119009 1,3 bdrm <input type="checkbox"/> Toronto: York University SHP AS 118006 <input type="checkbox"/> Toronto: Meynell House CC AS 118005 <input type="checkbox"/> Toronto: Stephanie McCaul SHP AS 118004 1 bdrm <input type="checkbox"/> Toronto: Bloor St. SHP AS 118007 1 bdrm <input type="checkbox"/> Toronto: Cooperage St., AS SHP 118008 1,2,3 bdrm <input type="checkbox"/> Toronto: Maple House SHP AS 118010 **ALC program <input type="checkbox"/> Toronto: OAS 118002 To apply to York Region & Toronto Outreach Services or Supportive Housing Programs, please download and complete the Attendant Services Application Centre (ASAC) application on the Centre for Independent Living Toronto (CILT) website at: http://cilt.ca/programs-and-services/asac/asac-application-and-guide
<input type="checkbox"/> East Ontario Community Support Services 6 Glenn Wood Place Brockville, ON K6V 2T3 1-888-252-9008 x6408 Fax: (613) 342-7636	<input type="checkbox"/> Brockville: AS SHP 111004 1 bdrm <input type="checkbox"/> Brockville-Leeds/Grenville/Lanark: OAS 111002 <input type="checkbox"/> Ottawa-Barrhaven: AS SHP 111005 1, 2 bdrm <input type="checkbox"/> Pembroke-Renfrew: OAS 111003



Attendant Services Service Application

This form is consistent with Policy AS 02 01

LOCATIONS	OFFICES
<input type="checkbox"/> Durham Ontario Community Support Services 1615 Dundas Street East, Suite 305 Whitby, ON K1N 2L1 1-888-433-0240 Fax: (905) 576-8020	<input type="checkbox"/> Durham: OAS 110003 <input type="checkbox"/> Whitby: Dryden Heights SHP AS 110005 1, 2 bdrm <input type="checkbox"/> Oshawa: New Hope SHP AS 110004 1, 2 bdrm
<input type="checkbox"/> North Eastern Ontario 96 Larch St., Unit 400 Sudbury, Ontario P3E 1C1 AS Enquiries: (705) 254-1099 Fax: (705) 671-6240	<input type="checkbox"/> Sault Ste. Marie: Cara SHP AS 114014 1 bdrm <input type="checkbox"/> Sault Ste. Marie: Northern SHP AS 114003 1 bdrm <input type="checkbox"/> Sault Ste. Marie: Seniors Program AS 114012 <input type="checkbox"/> Elliot Lake/Algoma: OAS 114006 <input type="checkbox"/> Sault Ste. Marie/Algoma: OAS 114007
<input type="checkbox"/> Southern Ontario Community Support Services 3340 Schmon Parkway Unit 1E Thorold, ON L2V 4Y6 (905) 687-8484, x250 1-800-263-4742 Fax: (905) 685-6651	<input type="checkbox"/> Haldimand Norfolk Region: OAS 113004 <input type="checkbox"/> Niagara Falls: Stamford Kiwanis SHP AS 113007 1,2 bdrm <input type="checkbox"/> Niagara-on-the-Lake: Niagara College OAS 113003 <input type="checkbox"/> Niagara Region: OAS 113003 <input type="checkbox"/> St. Catharines: Faith Lutheran SHP AS 113010 1,2 bdrm <input type="checkbox"/> St. Catharines: Brock University OAS 113003 <input type="checkbox"/> St. Catharines: Ridley Terrace SHP AS 113009 1,2 + 3 bdrm <input type="checkbox"/> St. Catharines: Scott Street SHP AS 113011 1, 2 bdrm <input type="checkbox"/> Welland: Niagara College OAS 113003
<input type="checkbox"/> South Central Ontario Community Support Services 20 Jarvis St. Hamilton, ON L8R 1M2 (905) 528-4261, ext 4219 Fax: (905) 528-7762	<input type="checkbox"/> Burlington / North Halton: OAS (112002-Halton N.) <input type="checkbox"/> Hamilton: Central Place SHP AS 112006 1,2 bdrm <input type="checkbox"/> Hamilton: Jason's House CC AS 112008 <input type="checkbox"/> Hamilton: OAS 112004 <input type="checkbox"/> Hamilton: St. John's Place SHP AS 112007 1,2 bdrm <input type="checkbox"/> Hamilton: Villa Verdi SHP AS 112009 1,2 bdrm
<input type="checkbox"/> South Western Ontario Community Support Services 1086 Modeland Road Building 1050 Sarnia, ON N7S 6L2 (519) 332-4702 x 5506 Fax: (519) 332-3961	<input type="checkbox"/> Chatham / Kent: OAS 117004 <input type="checkbox"/> Chatham Tecumseh: SHP AS 117010 1 bdrm <input type="checkbox"/> Chatham: Riverway SHP AS 117011 1 bdrm <input type="checkbox"/> Chatham: McNaughton SHP AS 117012 1 bdrm <input type="checkbox"/> Drayton: Conestoga Crest SHP AS 117009 1 bdrm <input type="checkbox"/> Sarnia / Lambton: OAS 117005 <input type="checkbox"/> Sarnia: Standing Oaks CC AS 117015 <input type="checkbox"/> Sarnia: Guernsey Gardens SHP AS 117014 1 bdrm <input type="checkbox"/> Sarnia: Ozanam Manor SHP AS 117013 1 bdrm <input type="checkbox"/> Sarnia: Maxwell Park Place SHP AS 117016 1,2 bdrm <input type="checkbox"/> Wellington County: OAS 117003



Attendant Services Service Application

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LOCATIONS	OFFICES
<input type="checkbox"/> West Central Ontario Community Support Services 2227 South Millway, Suite 305 Mississauga, ON L5L 3R6 (905) 607-3463 Fax: (905) 607-9856	<input type="checkbox"/> Brampton/Caledon: OAS 116002 <input type="checkbox"/> Brampton: Fletcher's View: SHP AS 116007 1 bdrm <input type="checkbox"/> Dufferin: OAS 116005 <input type="checkbox"/> Oakville: Oakville Supportive Living Centre SHP AS 116013 1,2 bdrm <input type="checkbox"/> Oakville: OAS 116004 <input type="checkbox"/> Mississauga: Britannia Place SHP AS 116010 1,2 bdrm <input type="checkbox"/> Mississauga: OAS 116003 <input type="checkbox"/> Mississauga: Surveyor's Point SHP AS 116009 1,2 bdrm – 55 yrs + <input type="checkbox"/> Mississauga: Weaver's Hill SHP AS 116011 1,2 bdrm <input type="checkbox"/> Mississauga: Windsor Hill SHP AS 116008 1,2,3 bdrm <input type="checkbox"/> Shelburne: SHP AS 116014 1 bdrm <input type="checkbox"/> Etobicoke: Seniors Supports for Daily Living Program AS 116015 – 65 yrs + <input type="checkbox"/> Mississauga: Seniors Supports for Daily Living Program AS 116012 – 65 yrs +

Unless otherwise noted within a section, the information in this form is required so that we may assess your entitlement to Attendant Services. The information will be kept confidential and will only be provided to persons who require the information in order to consider your application or in order to provide service to you.

*Indicates required fields	For Office Use Only:			
	Customer Type: <input type="checkbox"/> Bill-to Customer <input type="checkbox"/> Referral Source (please specify):			
	Client #:	Disability Code:	Date Stamp:	Initials:

Applicant Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	*First Name:	*Last Name:
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Preferred Name:	Preferred Pronoun (optional):
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***Street Address (#, street, suite):**

*City/Town:	*Province (2-letter abbreviation):	*Postal Code:
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Home Phone: ()	Fax: ()
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Cell Phone: ()	E-mail Address:
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*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Birth Date: (mm/dd/yy)	*Do you have a valid Ontario Health Card? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must show @ intake interview)	* Health Card Expiry Date (where applicable)
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Emergency Contact Name:	Emergency Contact Relationship:
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Emergency Contact Address:	Emergency Contact Phone:
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Type of Community Support Service being applied to for specific location:

Program: Attendant Services
 Sub-Program: Outreach Services Supportive Housing Program Respite Congregate Care

If applying to Supportive Housing Program, please specify number of bedrooms:

Approximately how many hours per week of care are you requesting from MODC?:

Personal Care: _____
 Homemaking (i.e., light housekeeping, laundry): _____ Other (specify): _____

Have you previously applied for Community Support Services: Yes No Not Sure

If yes, when? (mm/dd/yy): _____ **And for what service?:** _____

Language(s) Spoken: English French Sign language (ASL/LSQ) Other:
 What is your mother tongue?

If your mother tongue is not French or English, in which of Canada's official languages are you most comfortable? English French



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Contact Information for Consent Source (if other than self):

Name (first & last):

Active Substitute Decision-Maker: Power of Attorney for Personal Care Power of Attorney for Financial Care Next of kin/spouse

Home Phone: ()	Business Phone: () Ext.	Alternative Phone: () Ext.
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Cell Phone: ()	E-Mail Address:
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Contact Information for Referral Source (if other than self)

Referred by:	Agency:
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Phone Number: () Ext.	Fax Number: ()
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Address:

City:	Province:	Postal Code:
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Cell #: ()	E-mail Address:
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Disability Information

*Primary disability: Secondary disability:

*Reason for primary disability: Aging Congenital Acquired Accident at Work
 Accident at Home Motor Vehicle Accident Assault Fall Non-Sports Related Sports

*Date of onset of primary disability (mm/dd/yy):

Other Health Concerns:

- 1) _____
- 2) _____
- 3) _____

Please list any assistive devices that you currently use:

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Living Conditions

- Home (Rented)
- Home (Owned)
- Home (Family Or Friend)
- Children's Hospital
- Nursing Home
- Rehabilitation Hospital
- Chronic Care Hospital
- Home For The Aged
- Institution

Living Arrangements

- Live alone
- Live alone with dependent children
- Live with parents or step-parents
- Live with spouse or other adults
- Live with spouse or other adults and dependent children
- Live in Shared Housing with support staff
- Other:

Attendant Services Service Application

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Current Professional/Attendant Services *(Please specify any assistive services that you currently receive)*

Service	Agency / Provider Name	Number of visits per week/month	Duration of each visit
Homemaking			
Physiotherapy			
Occupational therapy			
Nursing			
Attendant Services			
Brain Injury Services			
Other <i>(specify)</i> :			

What type of transfer(s) do you currently use? *(Check all that apply)*:

- Transfer Unassisted
 Pivot – with minimal assistance
 Pivot – with full assistance
 Two-Person Lift
 Transfer belt/board/disk
 Mechanical Lift
 Supervision Required
 Other *(specify)*:

Have current assessments been completed for your service? Yes No

Are we authorized to receive a copy of these assessments for current service? Yes No

(If Yes, ensure that "Authorization to Obtain and/or Release Information" form [CSS 02-xx] is signed)

Please complete the charts below by placing an X in the appropriate boxes

Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
Transfers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chair to chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In/out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In/out shower/tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/off toilet/commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist without lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Positioning/Turning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist with lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-person assist without lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			



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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
Walking: Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel and Bladder: Bladder - condom catheter Bladder - indwelling catheter Bladder - intermittent catheter Bowel - suppositories Bowel - digital stimulation Stoma care Bedpan/urinal Diaper change Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basic Hygiene: Washing hands and/or face Pericare Mouth Care Hair Care Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bathing and Showering: Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/Undressing: Lower body Upper body Footwear Buttons/zippers/hooks Braces/prosthesis Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Skin Care: Repositioning at night Special skin care/treatments Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Meal Preparation: Cooking Cutting up food Eating/feeding Splints Straw/drinks Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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Type of Assistance	No assistance required	Some assistance required	Full assistance required (staff)
Light Housekeeping/Household Management: Dusting Mop/sweep/vacuum Dishes Laundry Garbage Making/changing bed Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Respiratory Care Lung augmentation exercise (assistive coughing/ambubag) O ₂ assistance Trach care Trach suction CPAP (Continuous Positive Airway Pressure) BIPAP (Bilevel Positive Airway Pressure) Ventilator Comments:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Miscellaneous Assisted Exercise/Range of Motion(ROM) TV/radio/stereo Locks/keys Windows open/close Assistive aids (setup/shut down) Verbal Communication Communication aids Battery charging Wheelchair maintenance Telephone assistance Doors Shopping Personal vehicle (assist in/out) Comments:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other (specify): 1) 2) 3)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Privacy Statement

March of Dimes Canada is committed to handling personal information concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Attendant Services program
- ii) contacting you about the status of your application(s)
- iii) obtaining feedback about March of Dimes Canada services you receive
- iv) providing information about March of Dimes Canada to you and others

The personal information collected about you and your family member(s) includes information supplied by you in your application for funding assistance and any additional or updated information which we may collect from you in the future.

Additional Applicant Information

(The data in this section is collected for statistical purposes only and is not part of admission criteria)

Education:

<input type="checkbox"/> Grade 6 or less	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Community College	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 10	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Law Degree	<input type="checkbox"/> Master's
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Business/Trade School	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Do not wish to comment

***Annual personal income range: (check only one)**

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

***Annual household income range: (check only one)**

<input type="checkbox"/> under \$5,000	<input type="checkbox"/> \$20,000 - 24,999	<input type="checkbox"/> \$40,000 - 44,999	<input type="checkbox"/> Do not wish to comment
<input type="checkbox"/> \$5,000 - 9,999	<input type="checkbox"/> \$25,000 - 29,000	<input type="checkbox"/> \$45,000 - 49,999	
<input type="checkbox"/> \$10,000 - 14,999	<input type="checkbox"/> \$30,000 - 34,999	<input type="checkbox"/> \$50,000 - 54,999	
<input type="checkbox"/> \$15,000 - 19,999	<input type="checkbox"/> \$35,000 - 39,999	<input type="checkbox"/> \$55,000 or over	

Personal Income Source(s):

<input type="checkbox"/> employment	<input type="checkbox"/> savings/trust	<input type="checkbox"/> private pension	<input type="checkbox"/> Disability Veterans Allowance
<input type="checkbox"/> spousal support	<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/> insurance benefits	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> WSIB	<input type="checkbox"/> family benefits	<input type="checkbox"/> company pension	<input type="checkbox"/> Other (i.e., ODSP)
			<input type="checkbox"/> Do not wish to comment

(This data is collected for statistical purposes only and is not part of admission criteria)

Ethnicity:

African
 Asian
 Indian / Pakistani
 Other European
 First Nations / Métis / Inuit
 Spanish / Portuguese
 Other
 Refuses / No Answer



Attendant Services Service Application

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Declaration and Signatures

In the event that the Applicant is only able to provide verbal consent, the signature of a witness is required.

March of Dimes Canada' approval process requires that there be documentation validating status of active Substitute Decision-Maker (SDM) submitted during approval process.

I, _____ have reviewed this Attendant Services Application and agree that the contents of this application are a true and accurate reflection of my needs.

Name of Applicant/active Substitute Decision-Maker (print name):	Signature:	Date (mm/dd/yy):
* Name of Witness (if applicable – please print):	Signature:	Date (mm/dd/yy):

* The Witness acknowledges that they have explained each clause of this document to the applicant and that the Applicant appears to have fully understood.

For an accessible version of this document please contact us at independence@marchofdimes.ca