



102 - 66 Moore Ave, Winnipeg, Manitoba, R2M2C4

Day Program Application Form

Name of Applicant:			
Date of Application:			
Last Name	First Name	Middle name	
Address			
Street	City	Province	Postal Code
Personal Information			
Phone:	Male <input type="checkbox"/> Female <input type="checkbox"/>	D.O.B.	
S.I.N	M.H.S.C.	S.A.H.S	
Primary Diagnosis			
Community Service Worker			
Street	City	Province	Postal Code
(204) _____	(204) _____		
Phone	Fax	Email	
Individual Completing Application			
Street	City	Province	Postal Code
(204) _____	(204) _____		
Phone	Fax	Email	
Current Program Status (please circle the most appropriate choice)			
<ul style="list-style-type: none"> -Currently attending High School -Presently Attending other program -No day program at present -Currently on wait list for other program -Other (please specify) 			

Additional Information Required:	Please Circle Appropriate Responses		
1. Communication Assessment	Attached	Non Attached	N/A
2. Life Skill Assessment	Attached	Non Attached	N/A
3. Physiotherapy Assessment	Attached	Non Attached	N/A
4. Social History	Attached	Non Attached	N/A
5. Medical Reports including:			
a. Outline Primary Diagnosis	Attached	Non Attached	N/A
b. Current Medications	Attached	Non Attached	N/A
c. Seizure Protocol	Attached	Non Attached	N/A
d. Emergency Medical Protocol	Attached	Non Attached	N/A
e. Feeding/ Swallowing Assessment	Attached	Non Attached	N/A
6. Physiological Assessment	Attached	Non Attached	N/A
7. I.P.P. /I.E.P.	Attached	Non Attached	N/A
8. Academic Reports	Attached	Non Attached	N/A
9. Personal Profile	Attached	Non Attached	N/A
10. Contact List including:			
a. Primary caregiver	Attached	Non Attached	N/A
b. Emergency Contacts	Attached	Non Attached	N/A
c. School Contacts (if applicable)	Attached	Non Attached	N/A

Please include any other information that may be relevant

Thank you and if you require any additional information or have questions please contact:

Allison Delaurier
Program Coordinator
Com-Span Inc.
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Fax: 204- 233-3106
Email: adelaurier@comspan.org