



Adult Day Program Inc.

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FULL CIRCLE ADULT DAY PROGRAM - APPLICATION FORM

Please answer all questions as accurately as possible. The information provided is kept confidential, and is for the use of Full Circle Adult Day Program staff only. Successful applicants must be diagnosed with a developmental disability and over the age of 18 years old.

Please submit to: fullcircle.adp@gmail.com or 21 Stone Church Rd. W, Hamilton ON, L9B 1A1

APPLICANT INFORMATION: (PERSON WHOM SERVICE IS REQUIRED)

First Name: _____ Last Name: _____

Preferred Name: _____

Date of Birth: Month/Day/Year _____ Gender: Male [] Female []

Address: _____

Telephone: _____

Email: _____

PARENT/PRIMARY CAREGIVER INFORMATION

First Name: _____ Last Name: _____

Relationship to Applicant: _____

Address: Same as above [] if not, please list:

Telephone: _____

Email: _____

PRESENT LIVING ARRANGEMENTS

Please Specify: _____

FORMAL DIAGNOSIS & MEDICAL CONDITIONS (PLEASE EXPLAIN AS CLEARLY AS POSSIBLE)



CURRENT MEDICATIONS

- None For Health Problem For Epilepsy/Seizures
- For Mood, Anxiety, Sleep or Behaviour Other (Please Specify) _____
- Will medication need to be taken during the day? Yes No

ALLERGIES & FOOD SENSITIVITIES (Please list clearly)

MOBILITY & WALKING

- Walks without aids Walks with aids Requires a wheelchair

FORM OF COMMUNICATION

- Verbal Non-Verbal (Please Specify) _____

PREVIOUS DAY ACTIVITIES

- Day Program-Name of agency _____
- Other: _____

LEVEL OF INDEPENDENCE

- Completely independent Yes No
- Can be left alone for short periods of time Yes No
- Requires constant supervision Yes No
- Requires prompts/reminders (If yes, please explain): Yes No

- Will wander Yes No
- Able to follow verbal instructions Yes No
- Requires hand over hand assistance for manual tasks Yes No

SELF-CARE

- Toilets them self independently Yes No
- Requires assistance with personal care (If yes, please explain): Yes No

- Able to wash hands themselves Yes No
- Able to feed themselves Yes No
- Needs assistance with shoes, boots or outerwear Yes No



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LITERACY SKILLS

- Can write own name Yes No
- Can write letters Yes No
- Able to read Yes No
- Can identify letters Yes No
- Can identify numbers Yes No
- Understands money Yes No

BEHAVIOURAL CHALLENGES (Please list clearly):

PERSONAL INTERESTS (Please check all that apply)

- Cooking Baking Crafts
- Reading Colouring Art
- Movies Dancing Singing
- Computer/Internet Socializing Animals
- Hiking Music/Instruments Science
- Math Lego Sports
- Writing
- Other (Please specify): _____

COMMENTS (Addition Comments that may be helpful to staff)

HOW DID YOU HEAR ABOUT US?

DAYS OF WEEK REQUIRED

- Monday Tuesday Wednesday Thursday Friday
- Monday - Friday Inclusive

SIGNATURE (Person completing the form)

PRINT NAME: _____

DATE: _____