



Providing Adults with Developmental Disabilities
Lifelong Experiences



Nipissing Association for Disabled
Youth

ADMISSION APPLICATION

INTAKE PROCEDURE : PADDLE LEARNING CENTRE

Applicants for the PADDLE Learning Centre shall undergo a formal intake procedure governed by the following guidelines:

1. The PADDLE Intake Committee is comprised of the PADDLE Program Coordinators and 2 Steering Committee Members.
2. Parents and/or caregivers of the applicant are encouraged to accompany and assist the applicant during intake.
3. Relevant information gathered during the intake is recorded by PADDLE staff including: applicant likes/dislikes and goals/expectations in regards to Academics, Life-Skills, Physical Fitness, Recreation and Community Participation while attending the PADDLE Learning Centre.
4. Information gathered through the intake procedure is brought before the PADDLE Steering Committee where the final decisions are determined. Final decisions/recommendations will include:
 - A) Specific decisions/recommendations to be articulated to the applicant and/or caregivers.
 - B) Entry date and approved attendance days to the PADDLE Learning Centre.
 - C) Tuition payments are determined and received prior to commencement in the program.
 - D) NADY-PADDLE Membership form with \$5.00 payment is completed prior to commencement in the PADDLE Program. Notice is made to applicant/parents/caregivers of a pending review with a “measured time” to discuss the applicant’s progress at the program and any require adjustments.
 - E) Consent forms are signed by applicant/guardian including: authorization to transport and photographic release. If applicant has a support worker, support worker must provide cleared police check (from within 1 year).
5. The decisions/recommendations are conveyed to the applicant/parent/caregiver within 3 business days of the initial intake.

Entry date determined _____



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Applicant's Name: _____
Last First Middle

Date of Birth: (Y/M/D) _____

Program Preferences: Full Time (5 weekdays) _____
Part Time _____ # of days or 1/2 days _____

Father's Name/Guardian: _____

Home Phone #: () _____ **Alt Phone # ()** _____

Home Address: _____

Postal Code: _____ **Email:** _____

Mother's Name/Guardian: _____

Home Phone #: () _____ **Alt Phone # ()** _____

Home Address: _____

Postal Code: _____ **Email:** _____

Emergency Contact Name: _____ **Phone #: ()** _____

Relationship to Applicant: _____

Support Worker's Name: _____ **Phone # ()** _____

Support Worker's Email: _____

Signature of Parent/Guardian:

Date:



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ADMISSION APPLICATION
Applicant Information Profile

Name: _____

Medical Contact:

Family Doctor's Name: _____

Address: _____

Phone #: (_____) _____

Are all of the applicants immunizations up to date? _____

If not, specify: _____

Allergies:

Food: _____

Drug: _____

Environmental (ex. Bee stings, latex, dust): _____

Please explain any physical signs that may indicate an allergic reaction and the course of treatment required: _____

Medical History:

Please give a brief description of the applicants medical conditions, diagnosis and symptoms to be aware of:

Please comment if treatment is required for the following:

Seizures: _____

Respiratory: _____

Circulatory/Cardiac: _____

Nutrition:

Are there any special Dietary Requirements? (Please note PADDLE will not provide special dietary supplements ex. ENSURE): _____



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Applicant Information Profile Cont'd

Please indicate the applicants attributes in the following areas:

Communication:

Receptive Speech

- Understands Complex Instructions _____
- Understands Simple Instructions _____
- Understands if shown _____
- Does not understand _____
- Understands Sign Language _____

Expressive Speech

- Uses sentences _____
- Uses words or short phrases _____
- Uses sounds and gestures _____
- Uses sign language _____
- Uses communication device (e.g PECS) _____
- No communication _____

Comments: _____

Mobility:

- Independent _____
- Needs assistance on stairs _____
- Walks with assistance _____
- Uses wheelchair independently _____
- Uses wheelchair with assistance _____

Comments: _____

Toileting:

- Completely Dependent _____
- Needs assistance monthly (e.g. menstruation) _____
- Needs assistance rarely _____
- Independent _____

Comments: _____



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Applicant Information Profile Cont'd

Supervision Required:

Capable of carrying out tasks without supervision.

Rarely _____
Sometimes _____
Often _____

Works well in small groups.

Rarely _____
Sometimes _____
Often _____

Comments: _____

Communicative Behaviors:

Concerns regarding the following:

	Physical Aggression	Frustration	Outbursts	Extreme Shyness	Other _____
Never					
Rarely					
Sometimes					
Often					

Comments:

Please describe the type of intervention used with the communicative behaviors outlined in the table.
Ex. verbal, physical.



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Caution Sheet

*The caution sheet is a quick reference for staff and volunteers when working with the student.

*Refer to Personal Information Profile for more Information.

	YES	NO
Allergies		
Arthritis		
Behaviors		
Chokes Easily		
Constipation		
Circulatory Problems		
Dentures		
Diabetic		
Diarrhea		
Epilepsy		
Fear (water, animals etc.)		
Hearing Loss		
Hearing Aid's)		
Hep B Carrier		
Psychiatric Illness		
Respiratory Problems		
Special Diet		
Stomach Problems		
Takes Medication Daily		
Takes PRN Medication		
Varicose Veins		
Wears Glasses or Contacts		
Wears Braces/Special Shoes		
Uses Alternative Communication		

*Refer to Personal Information Profile for more information.



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Emergency Sheet

* The emergency sheet is to accompany each student on outings in case of emergency.

Student's Name: _____

Home Address: _____

Home Phone #: (____) _____

Health Card #: _____

Doctor's Name: _____

Doctor's Phone #: (____) _____

Allergies: _____

Medications: _____

Emergency Contacts:
(Please include all numbers they can be reached at.)

1. _____

2. _____

3. _____

Additional Notes:

Date: _____



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ADMISSION APPLICATION
WAIVER OF UNDERSTANDING

1. I /We understand that if my child is not independent (as identified by the PADDLE program) they are required to attend the Learning Center with a support worker.

2. I/We understand that the fees are to be paid before September of the current year using post dated cheques over the 11 months.

3. I /We understand that it is the students/families responsibility to provide transportation to and from the PADDLE Learning Centre and for any special outings.

4. I/We understand that it is not the responsibility of the PADDLE staff, nor will it be permitted for the staff to dispense medication or provide hands on care.

5. I/We understand that information collected regarding participants may be shared with family support workers, staff , committee members and volunteers on an as needed basis to ensure appropriate and safer supports. I/We consent to the release of this information. I/We also understand that any information I/we obtain regarding other participants is to remain confidential.

6. I understand that the admission to the PADDLE program is an at will arrangement by both parties and can be discontinued at anytime.

7. I /We understand that family support workers must meet the expectations of the PADDLE Program. This includes but is not limited to providing a yearly criminal reference check in September of the current year, signing a confidentiality agreement and abiding by the rules and regulations of the PADDLE Program as outlined in the Support Worker training manual. I/We also understand that our worker must be on par with the expectations I/We have of the PADDLE Program. I/We understand that non-compliance may result in a worker being asked to leave the PADDLE Program indefinitely.

8. I/We consent to let the student participate in the PADDLE program and all its various activities. I give permission for the staff to authorize emergency treatment as required. I understand that , although the workers , volunteers and directors provide as safe as an environment as possible , there is always an element of risk. Therefore, I, the undersigned , will not hold NADY, PADDLE, Chippewa Secondary School and/or the Near North Board of Education , their directors, coordinator, members, staff, volunteers or assistant responsible for anything that should happen to the student.

9. I/We understand that our worker is required to have a yearly criminal reference check by the North Bay Police or O.P.P. presented to the PADDLE coordinator on the first day of PADDLE in September of the current year. I/We understand that the cost for this criminal reference check is the responsibility of the myself/worker. I/We understand non-clear criminal references checks will be forwarded to the PADDLE Steering Committee for review.

10. I/We understand that acts of Physical Aggression may result in the participant being asked to leave PADDLE for the remainder of that PADDLE Day at the discretion of the PADDLE Staff. I/We understand that it is my responsibility to hire a worker that is able to support the behaviors of the participant.

Signature: _____ Date: _____

Witness: _____ Date: _____



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TUITION RATE CALCULATIONS (Based on 11 Months)

5 days attendance weekly

\$420.00 monthly

4.5 days attendance weekly

\$378.00 monthly

4.0 days attendance weekly

\$336.00 monthly

3.5 days attendance weekly

\$294.00 monthly

3.0 days attendance weekly

\$252.00 monthly

2.5 days attendance weekly

\$210.00 monthly

Fees are to be paid with 11 post dated cheques dated the 1st of the month . These are required before the first day of PADDLE.