



Individualized. Interactive. Inspired.

**PALS ADULT PROGRAM  
INTAKE APPLICATION**

September, 2016

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female

Program Preference: Full Time Part Time

Address: \_\_\_\_\_  
City, Province Postal Code

Citizen of Canada? Yes No If no, Landed Immigrant? Yes No

Parent /Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

**Medical Information**

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Age at Diagnosis: \_\_\_\_\_ Diagnosed by: \_\_\_\_\_

Current Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies, include life threatening allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Individualized. Interactive. Inspired.

Is applicant aware of his/her medical allergies/conditions: Yes      No

Does applicant have a special diet: Yes      No

If Yes, Diet: \_\_\_\_\_

\_\_\_\_\_

Does applicant have seizures/convulsions: Yes      No

If Yes, Treatment: \_\_\_\_\_

\_\_\_\_\_

Recurring Health Ailments: \_\_\_\_\_

List of Physical Sensitivities/Disabilities: \_\_\_\_\_

**Description of current programs and activities:**

Type of programming, location and schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Information about the applicant:**

What current communication skills does the applicant have? *(For example, vocalizations, words, sign language, PECS, etc.)*

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have any behaviours we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Individualized. Interactive. Inspired.

**Please select the activities you would like your child to be involved in**

- Social Skills Training
- Skills for Independence
- Functional Skills
- Recreation/Leisure
- Other
- Volunteer Opportunities
- Job Skills Training
- Transit Training

**Please indicate the level of independence in all these areas of daily living**

	Independent/ No assistance required	Semi-Independent/ Partial assistance required	Dependent/full time assistance required
Feeding			
Dressing			
Toileting			
Transit			
Social Interaction			
Mobility for safety			



**Individualized. Interactive. Inspired.**

Once we receive this intake application, we will evaluate all applicants. If this applicant is selected, you will be contacted to participate in an initial assessment. If applicants are in receipt of CLBC individualized funding, PALS can serve as a Host Agency for your family. Please mail completed intake application to:

**PALS Autism Society- Adult Program**  
**203 West 6<sup>th</sup> Avenue**  
**Vancouver, British Columbia,**  
**V5Y1K7**

The undersigned hereby acknowledges that the information contained in this application is complete and accurate to the best of their knowledge, and that the terms of this application has been read and understood.

**Parent /Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your interest in PALS Adult Program