



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:

101 -2020 Yukon Street
Vancouver, BC Canada V5Y 3N8

TEL 604.872.7257
FAX 604.251.1627

info@palsautismschool.ca
www.palsautismschool.ca

Registered Charity Number 84393 9760 RR0001



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Allergies, include life threatening allergies or medical conditions:

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:



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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			



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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
101-2020 Yukon Street
Vancouver, British Columbia,
V5Y3N8

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