



PARENT RELIEF

7801 5th Side Road Milton, Ontario L9T 2X7
 (905) 878-4932 (v/tty) (905) 878-4934 (fax)

CONFIDENTIAL

ADMISSION APPLICATION FORM

PERSONAL INFORMATION		
Name of Adult:(last, first, middle)		
Date:		
Address:		
City:	Province:	Postal Code:
Home Phone:	Alternate Phone:	
Sex:	D.O.B:	
Physical Appearance:		
APPLICANTS FAMILY OR GUARDIANS		
Father's Name:		
Address:		
Mother's Name:		
Mother's Address:		
EDUCATION		
School:		
Address:	Dates Attended:	
School:		
Address:	Dates Attended:	
College/University:		

PLACEMENT HISTORY - RESIDENTIAL

Placement	Admission Date	Discharge Date	Type of Resource	Reason for Move

INDIVIDUAL INFORMATION

Recreational Activities:

Sleeping Habits:

Description of Behaviors or Behavioral Program (if any):

Special Routines We Should Know About:

HEALTH

Degree of Hearing Loss:	Mild:	Moderate:	Severe:
Sign Language Level:	Basic:	Moderate:	Advanced:
Hearing Aid:	Yes:	No:	

Other Special Needs/Diagnosis:

Current Medications and Reasons for Medication:

Health Card Number:

Physician's Name & Address:

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Phone:

NEXT OF KIN OR GUARDIAN

Please enclose the following records:

- **Medical Records (including immunization, audiological, visual and psychological)**
- **Educational Records**
- **Psychological / Psychiatric Assessments**
- **Any Relevant Additional Information**

Name of Person Completing Form (List Agency if Applicable):

Phone:	Date:
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Contact Person:

Phone:	Date:
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