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| L'ARCHE%20LOGO | L’ARCHE **GREATER VANCOUVER**PERSONAL INFORMATION SHEET |

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| Name: | Gender:  | DOB: |
| Address:  |
| City:  | Province:  | Postal Code:  |
| Tel:  | Email:  |

**Family Contact:**

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| --- |
| Name: |
| Address:  |
| City:  | Province:  | Postal Code:  |
| Tel:  | Email:  |

**Current Living Situation:**

□ Living independently

□ Living in a home with family member(s)

□ Living in a group home

□ Living in a home share

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Daytime Activities:** Please choose from the following and provide brief description of what you do and where.

□ Has a paid job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Volunteers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Attends day programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Support Needs:**

□ Needs assistance with feeding

□ Needs assistance with walking

□ Uses: wheelchair; walker; cane (please circle what is appropriate)

□ Needs assistance with bathing and other personal care

□ Needs assistance and supervision when out in the public

□ Needs assistance with taking medication

□ Needs reminders/prompts FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Uses sign language; Braille (please circle what is appropriate)

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| Please provide more detailed information if necessary: |
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**Personal Expectations:** (Please check one or more boxes.)

The applicant is interested:

□ To live in one of the homes (24 hr residential homes)

□ To live in a semi-independent suite

□ To have a respite service

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| **Why is the applicant interested in living in a L’Arche home?** |
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| **How does the applicant expect to benefit from living in a L’Arche home?** |
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| **Does the applicant have a residential and vocational support plan developed and approved by CLBC?** |
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| Signature of Applicant:  |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Family Member, Legal Representative, Advocate:  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |