

**Request for Services Intake Application Form**

**SECTION 1**

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| **Applicant Information** |
| Last Name: | First Name: |
| Current Address: |
| Email: | Phone Number: (Home/Cell) |
| Preferred Method of Contact: |

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| **Applicant’s Parent/Guardian/Caregiver Contact Information** |
| Full Name: | Relationship to Applicant: |
| Email: | Phone Number: (Home/Cell) |

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| **Details of Request for Service:** |
| Funding Source: *(Please check off applicant’s source of funding)* ( ) CLBC (new contract)  ( ) Micro Board  ( ) Private Contract ( ) Other: *(Please describe in the empty space below)* |
| **What supports are you looking for?** |
| Please check off which service you are requesting:*For more information about our services please visit* [***Our Services – CISS (gociss.org)***](https://www.gociss.org/our-services/) ( ) Community Inclusion Services(CI) ( ) Personalized Supports Initiative (PSI) ( ) L.I.F.E. Based Services |

[**www.gociss.org**](http://www.gociss.org) **Application**

**SECTION 2**

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| **COMMUNITY INCLUSION SERVICES****When do you require Community Inclusion Support?** |
| Days Service is Required:*(Please check off all that apply)* ( ) Monday  ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday  | Transportation Preference:*(Please check off preference)* ( ) Public Transit  ( ) Handy Dart ( ) Other: *(Please describe below)* |
| Check off all those that apply: Leisure/Recreation: ( ) Employment Services: ( )Educational Activities: ( ) Fitness: ( )Other: (Please describe below)  |
| List any interests or hobbies:  |
| **L.I.F.E. SERVICES AND PSI SERVICES:****Please answer the following questions to the best of your ability:** |
| Is the applicant looking for employment? |  |
| Is the applicant comfortable accessing or learning the skills to use public transit? |  |
| Is the applicants comfortable in making their own decisions? |  |

**Thank you for taking the time to fill out the application, please return by email to** **humanresources@gociss.org** **or**

**Mail to**

**2175 Mary Hill Road, Port Coquitlam, B.C. V3C 3A2**

**SECTION 3**

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| **Office Use Only** |
| Date Application was Received: | Date Applicant was Contacted: |
| Person contacted:  |
| Summary of Initial Contact: |
| Completed by: | Title/Position: |

**SECTION 4**

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| **Referred to Intake Applicants:** |
| Service Area: |
| Program Manager Name:  | Program Manager Contact Info: |

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| **Referred to Other Service(s) Applicants:***The Executive Director will issue a letter with justification and information regarding other/alternative services within the region.* |
| Date letter issued: |
| Type of Information Provided *(briefly list:)* |