

**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**](mailto: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:)* |