2030 Bristol Circle, Suite 110, Oakville, ON L6H 0H2
Phone: 905-829-4499 Fax: 905-829-0555
Email: info@nucleusonline.ca Website: www.nucleusonline.ca

APPLICATION FOR OUTREACH SERVICES

First Name:			**Last Name:**		
Sex:		**Date of Application:**	**Day**	**Month**	**Year**
Current Address:					
City:		**Province:**		**Postal Code:**	
Phone no. (Home):			**Cell Phone:**		
Email address:					
Date of Birth:	**Day**	**Month**	**Year**	**Health Card No:**	

Diagnosis:	
Type of physical disability:	
Describe how this condition affects the ability of the applicant to complete activities of daily living:	
Is the applicant capable of directing their own care:	☐ **Yes** ☐ **No**
Is this condition likely to:	☐ **Improve** ☐ **Remain stable** ☐ **Gradually Deteriorate** ☐ **Rapidly Deteriorate**
Name of Family doctor:	
Address:	
Phone no.	
Is the applicant currently receiving services from any other organizations?	☐ **Yes** ☐ **No**

Name of service provider:	**Type and amount of service:**

Additional details:

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What attendant services is the applicant requesting from Nucleus? Check all that apply

- ☐ Personal care (including bathing, dressing, personal hygiene, bowel/bladder routines)
- ☐ Assistance with transfers
- ☐ Meal Preparation and/or assistance with eating
- ☐ Assistance with adaptive equipment or communication devices
- ☐ Light housekeeping (only available if applicant is also in need of and is receiving personal care by Nucleus)
- ☐ Other (please specify)

Days of the week that service is required:	Morning	Afternoon	Evening
☐ Monday	☐	☐	☐
☐ Tuesday	☐	☐	☐
☐ Wednesday	☐	☐	☐
☐ Thursday	☐	☐	☐
☐ Friday	☐	☐	☐
☐ Saturday	☐	☐	☐
☐ Sunday	☐	☐	☐

Where will services be delivered: ☐ Home ☐ Work ☐ School

Any other disabilities or medical conditions that may affect delivery of attendant services (i.e. Visual/hearing impairments, epilepsy, diabetes, cognitive difficulties)

Assistive devices used (please list all):

Alternative Contact Information: (person who can be contacted in an emergency if we are unable to reach applicant)

Name:		**Relationship:**	
Address:			
Telephone:			

Referral Details: (provide information if someone other than the applicant is completing the application)

Name of Referrer:		**Organization:**	
Contact Telephone Number:			