



767 6 St SW, Medicine Hat, AB T1A 4J7
 Ph: 403-527-4999 Fax: 403-529-5970
 www.nextstepltd.ca

APPLICATION FOR ADULT SERVICES

Full Name:		Address:	
Phone (H):	Phone (W):	Phone (C):	
D.O.B.:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Guardian: <input type="checkbox"/> Self <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Partial Name: Phone:		Address:	
Parent/s: Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: Phone:		Address:	
Trustee: <input type="checkbox"/> Self <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Small T Name: Phone:		Address:	
S.I.N.:	AHC:	AISH:	
Funding Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No		Funding Source: <input type="checkbox"/> PDD <input type="checkbox"/> Other	
Personal Income Source: <input type="checkbox"/> AISH <input type="checkbox"/> Work <input type="checkbox"/> Other			
Medical Info:			
Doctor: Dr.		Phone:	
Dentist: Dr.		Phone:	
Optometrist:		Phone:	
Pharmacist:		Phone:	
Psychiatrist:		Phone:	
Psychologist:		Phone:	
Neurologist:		Phone:	
Other:		Phone:	
Allergies: <input type="checkbox"/> N/A			



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Medications:

Name	Dose	Time(s)	Name	Dose	Time(s)

Nature of Disability or Formal Diagnosis (date diagnosed & doctor if possible):

Background/History (family, medical, previous/current agencies, etc.)

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Medical (General health & relevant medical issues/concerns)

Major surgeries:

Mobility concerns:

Adaptive Aids/Technology:

Ability to communicate health concerns:

Ability to make decisions regarding healthcare:

Medication delivery (independent, assisted, etc.):

Other/General Comments:

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Transportation (method, independence, etc.)

Communication (verbal, picture exchange, sign language, etc.)

Social Skills (comment on behaviours in social settings, personal relationships, etc.)

Personal Supports (individual's ability to complete tasks)

Eating:

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Telling time:

Hygiene (awareness of personal hygiene):

Toileting:

Washing hands/face:

Bathing (getting in and out of bathtub or shower):

Shampooing/conditioning hair:

Combing hair:

Brushing teeth:

Shaving (face, legs, etc.):

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Menstrual care (if applicable):

Cutting fingernails/toenails:

Dressing/undressing:

Hot/cold determination:

Sleeping Patterns/Routines (typical bed & wake times, nighttime concerns, etc.):

Other/General Comments:

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Academic

Level of education:

Reading:

Writing:

Numeracy Skills:

Finances

Individual's level of comprehension:

Instructions to Next Step Staff re: who handles finances:

Residential Skills

Meals (Individual's ability to plan & prepare)

Grocery shopping

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Personal shopping

Telephone skills

Safety (Comment on individual's ability to respond to emergency situations & level of support required)

Fire Safety

First Aid

Poison/Cleaners

Road Safety

Recognizes Danger

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Recreation/Leisure (Identify any activities, pastimes & hobbies, cultural)

Community (Individual's ability to access the community)

Awareness of surroundings

Independence in the community

Vocational (Comment on any work skills, work experience, volunteering or employment goals)



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Individual's areas of strength

- *
- *
- *
- *
- *
- *
- *

Areas of concern (sensory, money management, home living skills, anger management, self-regulation, etc.)

- *
- *
- *
- *
- *
- *
- *

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Behaviours of concern:

Describe Behaviour	Where & when behaviours occur	Frequency & possible cause/triggers	Strategies (what has been tried & has it been successful?)



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Please include a separate sheet of paper if you need more room.
Other (Comment on any item not previously discussed that may be significant)

Name of person filling out report: _____ Date: _____

Relationship to Applicant: _____

Signature of Parent / Guardian: _____ Date: _____