

Eligibility and Intake Process

- Complete this application and submit with all supporting documentation by email (mail@clps.ca), fax (705-746-9698), or by mailing/dropping it off at 38 Joseph Street, Parry Sound, ON, P2A 2G5
- You will receive written documentation indicating whether or not your child meets the eligibility criteria
- If eligible, you will be contacted by the Supervisor of Family & Youth Services to discuss services and complete intake
- You will be matched to a Community Inclusion & Support Facilitator for your requested supports

For youth 16-18 years old, we can support you to apply to Developmental Services Ontario to determine eligibility

Date: _____

Name: _____ Date of Birth: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ ON
Street City Province Postal Code

Phone Number: _____

Email: _____

Supporting Documentation Required to Determine Eligibility:

☐ **0-11 Years Old** – Please provide a Psychological or Psychoeducational Assessment **OR** 2 of the 3 documents listed below:

- ☐ Copy of a recent assessment ☐ Letter from medical doctor

☐ **12-15 Years Old** – Please provide a Psychological or Psychoeducational Assessment

- ☐ Psychological Assessment ☐ Psycho-Educational Assessment

☐ **16-18 Years Old** – We can support you to apply to Developmental Services Ontario to determine eligibility. The Supervisor of Family & Youth Services will discuss process and required documentation.

Is your child currently attending school? ☐ Yes ☐ No

Name of school: _____

Please list any other children/youth services your child is currently receiving and the contact person's name (if none, please write N/A):

- _____
- _____

Referral Source Name (if applicable): _____

Agency (if applicable): _____

Phone Number: _____

Email: _____

Please check off the supports that you are interested in:

- ☐ Supports with Funding Application (eg, Children's Respite, Special Services at Home, Assistance for Children with Severe Disabilities, Autism Funding)
- ☐ Supports in School (eg, Advocacy, Navigating School System)
- ☐ Supports with Community-based Sports and Recreation
- ☐ Supports with Employment and/or Volunteering
- ☐ Life Skills & Home Planning for Youth
- ☐ Other: _____

OFFICE USE ONLY

___ Family Support Services

___ Children's Respite Services

Name of Parent/Guardian Completing Application

Date

By checking this box, I give consent for this information to be shared from the above-listed Referral Source and within Community Living Parry Sound for the purposes of determining eligibility.

OFFICE USE ONLY

Signature of Supervisor of Family and Youth Services

Date