



## **ADMISSIONS APPLICATION PROCESS**

This new application form has been developed in an attempt for Mill Road Social Enterprises to be given as much information as possible about a potential client prior to their acceptance. It is important to answer all sections and to include as much detail as possible. Application forms that are returned with unanswered sections will be considered incomplete and will hinder the admittance process.

Once the application has been received, the applicant and an advocate will be asked to come to our site to participate in an interview with our staff.

Acceptance into this agency is not automatic. The application form and subsequent interview will determine this. It is extremely important to be as forthcoming as possible to help us make a decision regarding admittance to the Mill Road Social Enterprises program.

The safety of clients and staff are of utmost importance to everyone at Mill Road Social Enterprises.

# ADMISSIONS APPLICATION

*This application is to be completed by applicant, parent, guardian, or someone who knows the applicant well.*

I, \_\_\_\_\_, make application for admission to  
(Please print)  
Mill Road Social Enterprise. I understand and accept the admission process.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of advocate (if applicable): \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_  
(Given) (Last) (Name Known By)

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or P.O. Box) (Town/Municipality) (Postal Code)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MSI #: \_\_\_\_\_ SIN #: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or P.O. Box) (Town/Municipality) (Postal Code)

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

# **MEDICAL DATA AND INFORMATION**

A medical form may also be required.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or P.O. Box) (Town/Municipality) (Postal Code)

Diagnosis of Developmental Delay and/or Mental Illness: (IE: Down's Syndrome, Schizophrenia, Autism, etc)

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## **CURRENT MEDICATIONS**

Name of Medication \_\_\_\_\_

Reason for taking this medication \_\_\_\_\_

Dosage \_\_\_\_\_ When taken \_\_\_\_\_

Effects/Side Effects \_\_\_\_\_

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Reason for taking this medication \_\_\_\_\_

Dosage \_\_\_\_\_ When taken \_\_\_\_\_

Effects/Side Effects \_\_\_\_\_

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Name of Medication \_\_\_\_\_

Reason for taking this medication \_\_\_\_\_

Dosage \_\_\_\_\_ When taken \_\_\_\_\_

Effects/Side Effects \_\_\_\_\_

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# **EDUCATION AND TRAINING**

1. School/Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Grade/level/training Completed \_\_\_\_\_

\_\_\_\_\_

2. School/Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Grade/level/training Completed \_\_\_\_\_

\_\_\_\_\_

# **EMPLOYMENT HISTORY**

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Dates worked: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **WORK RELATED SKILLS AND MOTIVATION**

*Please indicate which of the Mill Road Social Enterprises' Programs are of interest or relevance to the applicant. The applicant may choose as many as apply.*

- Bakery/Catering     Used Clothing Store     Shredding     Recycling
- Vocational Training (job readiness, literacy, budgeting)     Community Employment
- Life & Social Skills (personal care, hygiene) \_\_\_\_\_

1. Has the applicant had any vocational or educational psychological assessments?

**YES NO**

If yes, when and by whom was this assessment administered?

\_\_\_\_\_

Is the documentation of this assessment available? **YES NO**

3. Why is the applicant applying at this time?

\_\_\_\_\_

\_\_\_\_\_

4. What are the career & personal goals of the applicant?

Career Goals: \_\_\_\_\_

\_\_\_\_\_

Personal Goals: \_\_\_\_\_

\_\_\_\_\_

## **INTERESTS**

Hobbies & leisure activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **LIFE SITUATION**

1. Does the Applicant have a source of income? (Income assistance, pension) **YES NO**

If yes, please detail: \_\_\_\_\_

Social or Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address:: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or P.O. Box) (Town/Municipality) (Postal Code)

2. Where did the applicant live prior to their current residence? \_\_\_\_\_

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3. Why did the applicant change living arrangements? \_\_\_\_\_

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4. Does the applicant need support to access the community? (Mobility, awareness, level of independence) **YES NO**

If yes, please detail: \_\_\_\_\_

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5. Has the applicant ever been convicted of a criminal offense? **YES NO**

If yes, please detail: \_\_\_\_\_

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6. Are there any current personal situations in the applicant's life which would affect his/her ability to participate in the Mill Road Social Enterprises program? **YES NO**

If yes, please detail: \_\_\_\_\_

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# **DAILY LIVING SKILLS**

1. Is the applicant able to independently take care of his/her personal needs?  
(Toileting, washing, dressing, eating, etc) **YES NO**  
If no, please provide detail.

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2. Is the applicant able to communicate his/her wants and needs? **YES NO**  
If no, please provide detail.

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3. Is the applicant able to independently identify and care for possessions? **YES NO**  
If no, please provide detail.

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4. Is the applicant able to independently carry money and make purchases? **YES NO**  
If no, please provide detail.

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5. Does the applicant require supervision for personal safety reasons? **YES NO**  
If no, please provide detail.

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# **PHYSICAL/MENTAL/EMOTIONAL HEALTH**

1. Does the applicant have any health issues?      **YES NO**  
(IE: diabetes, allergies, food restrictions, etc) If yes, please provide detail.

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2. Does the applicant have a physical disability?      **YES NO**  
(IE: cerebral palsy, hearing/eyesight impairment, etc) If yes, please provide detail.

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3. Does the applicant have a mental health condition?      **YES NO**  
(IE: depression, anxiety, psychosis, etc) If yes, please provide detail.

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4. Does the applicant report illnesses or issues?      **YES NO**

5. Does the applicant presently have (or in the past had) problems with alcohol, drug, or gambling addictions?      **YES NO**

If yes, is the applicant receiving (or has received) help? (IE: AA, Addiction Services)  
What effect does this (has this had) on the applicant's ability to work?

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# **BEHAVIOUR**

1. Does the applicant now (or in the past) demonstrate any violent behaviour toward self and/or others? (IE: self abuse, abuse toward others) **YES NO**  
IF yes, please detail. Be specific (verbal, physical) and include supports or interventions.

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2. Does the applicant have any interpersonal issues or previous incidents which could affect his/her participation in the Mill Road Social Enterprises program? (IE: interactions with co-workers and/or staff, fabrication of the truth) Please include any supports or interventions.

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3. Has the applicant ever been involved in a crisis or emergency situation? **YES NO**  
If so, how does the applicant react to crisis? Please include any supports or interventions. If not, what is the anticipated reaction to such an event?

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# **OTHER**

Please use this section for further information Mill Road Social Enterprises should know about the applicant.

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