

Application Date: _____ Completed By: _____ Referral Source: _____

SCL ELIGIBILITY REQUIREMENTS

- Review the following eligibility criteria to ensure the applicant meets **all** requirements:
- Living with an acquired brain injury
- 18 years of age or older
- Ineligible for funding support from the Persons with Developmental Disabilities (PDD) program
- Resides in Alberta
- Living at home
- Canadian Citizen or permanent resident
- Experiencing barriers in accessing necessary supports and services in the community
- Can provide voluntary, informed consent
- Not receiving overnight paid support
- Not in a hospital or receiving acute care
- Goals are attainable within 2 years

APPLICANT INFORMATION

Have you previously enrolled, or are you currently enrolled in a SCL program? Yes No

If yes, when were you enrolled and for how long? _____

At what organization(s) did you receive SCL services? _____

Are you currently receiving any funding? (check all that apply)

AISH CPP WCB OAS Insurance Other: _____

CONTACT INFORMATION

Name of Applicant: _____ Date of Birth: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Alberta Health Care #: _____ Calgary Transit Access #: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone #: _____ Alternate Phone #: _____

GUARDIANSHIP/TRUSTEESHIP

Self

Private Trustee Name: _____ Phone: _____

Public Guardian & Trustee Name: _____ Phone: _____

ALTERNATE CONTACT

If you would prefer we communicate with an alternate contact, please provide the following:

Name: _____ Relationship to Applicant: _____

Email Address: _____ Phone Number: _____

MEDICAL INFORMATION

How did you acquire your brain injury? What area of your brain was affected?

Date of Injury: _____ What hospital were you admitted to? _____

Are you currently receiving any rehabilitation services? Yes No

What rehabilitation services have you received? (e.g., Ponoka, physiotherapy, home care)

Are you currently taking any medications? Yes No If yes, what for?

Do you have any allergies? Yes No If yes, what are they?

Do you currently smoke? Yes No

Do you use any mobility aides? Yes No If yes, what are they?

Do you have any health concerns regarding the following?

Eyesight Hearing Fatigue Anger management Smell/taste Memory

Have you fallen within the last 12 months? Yes No If yes, please elaborate:

Other comments about health or mobility:

Do you have any present concerns or history of (the following)?

Depression Suicide ideation
 Drug misuse Alcohol misuse
 Psychological diagnosis Physical aggression toward self or others

ADDITIONAL INFORMATION

What does your weekly schedule look like (e.g., regularly scheduled appointments and meetings)?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

What is your educational and work history?

What does your current support network look like? (e.g., family, friends)

How do you currently access the community (transportation)?

What places do you visit regularly in the community?

What skills do you feel confident in or have good support with? (e.g., creativity, sociability, patience)

What areas do you feel you are lacking in or want more support with? (e.g., lack of community awareness or access, skills)

What strategies do you currently use to help with your challenges? (e.g. day timer)

What type of housing do you live in? (e.g., apartment, townhouse, house) _____

How many people live in your home? _____ Do you know your neighbours? Yes No

Are there any pets in your residence? Yes No If yes, what kind: _____

Are there any dangerous weapons (e.g., guns, large knives) in the home? Yes No

List any concerns with the safety of the home? (e.g., unsafe area, parking, lighting, broken stairs, needles, or drug paraphernalia)

Are there any special instructions to get to your residence/facility?

Are there any special parking instructions?

What leisure and/or independence goals would you like to accomplish over the next few months?

Other comments:

Please submit the completed application to: Intake@arbi.ca