

COMMUNITY CONNECT APPLICATION

Date of Application:	I am completing this form for: \Box Myself \Box Someone Else
If you are completing this form on beh	alf of someone else, please provide your information below.
Name: Phon	e: Relationship to Applicant:
Primary Contact: 🗆 Self 🗖 Same as Ab	pove 🗆 Other If other, please complete the below.
Name:	Phone:
Email:	Relationship to Applicant:
Applicant Information	
Name:	Date of Birth:
Participant is 18+ Years of Age: □ Yes	□ No Gender: □ Male □ Female □ Non-Binary □
Home Address:	
City:	Province: Postal Code:
Phone:	Email:
Alberta Health Care #:	
Calgary Transit Access: 🗆 Yes 🛛 No	If yes, please provide the number:
Legal Guardian: 🗆 Yes 🗆 No If n	ot, please complete the guardian information below.
Guardian Name:	Relationship to Client:
Guardian Phone:	Guardian Email:
MEDICAL INFORMATION Date of Brain Injury:	
Type of Injury: 🗖 Traumatic Brain Injury	y □ Stroke □ Anoxic Brain Injury □ Other:
Swallowing Precautions/Diet: □ No Co	ncerns 🛛 Soft Diet 🖾 Thin Fluids 🖾 Thickened Fluids
Allergies:	
Transfers: 🗆 Independent 🛛 Supervis	ion 🛛 1-person 🗖 2-person 🗖 Mechanical Lift
Mobility Aids: 🗆 None/Independent 🗆 Cane	□ Manual Wheelchair □ Power Wheelchair □ Walker □ AFO □ Splint □ Brace



Has the applicant had any falls in	n the last six months? \Box Ye	es 🗆 No	If yes, how many?		
Please provide details of the incident(s):					
EMERGENCY CONTACT					
Name:	Phone:	Relations	nip to Applicant:		
LONG TERM CARE (IF APPLICABLE)					
Case Manager Name:		Contact N	lumber:		

Is there any additional information you would like to share with ARBI?

Submit this completed application form to Wellness@arbi.ca

After submitting the form, applicants will be contacted within five business days to discuss the next steps.

Participation in each Community Connection event incurs a cost of \$15. If this poses a significant barrier for you, contact ARBI's Wellness Team at Wellness@arbi.ca or call 403-242-7116 during office hours (8:30 AM to 4:30 PM, Monday to Friday, excluding statutory holidays).