

APPLICATION FOR SERVICE
PEEL HALTON DUFFERIN ACQUIRED BRAIN INJURY SERVICES

176 ROBERT SPECK PARKWAY
MISSISSAUGA, ON L4Z 3G1
Tel: (905) 949-4411 Fax: (905) 949-4019
Email: intake@phdabis.org
Website: www.phdabis.org

Client Name: _____ Male Female
(Last Name, First Name)

Health Card #: _____ Version Code: _____ Expiry Date: _____

Date of Birth: ____ / ____ / ____
year month day

PERSONAL INFORMATION

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Check One: Single Married Divorced

Current Living Situation: alone with others (specify) _____

Accommodation:

house group home apartment building supportive housing rooming house
 long term care facility hospital other _____

Citizenship: Canadian Permanent Resident Other

Are you a resident of Ontario? Yes No If yes, how long? _____

Language Spoken: _____ Interpreter Required: Yes No

First Nation Band Affiliation: _____

Status Number with Dept. of Indian Affairs: _____

BRAIN INJURY INFORMATION

Date of Injury: _____

Cause of Injury: (e.g. anoxia, assault, motor vehicle accident, fall, etc. _____)

PERSONAL SUPPORT NETWORK /EMERGENCY CONTACTS

Emergency Contact Name: _____

Relationship: _____ Email address: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

Other Contact Name: _____

Relationship: _____ Email address: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone Number: _____ Work Phone Number: _____

REFERRING AGENT (Person making the request):

Name: _____ Phone Number: _____

Name of Agency: _____ Email: _____

Relationship: _____ Contact Person Yes No

TYPE OF SERVICE REQUESTED

Residential Day Services Outreach Services Other:

TREATMENT HISTORY INCLUDING CURRENT SERVICES

Program/Facility/Hospital	Dates Involved (year/month/day)	Contact Name and Phone Number

TREATMENT HISTORY CONTINUED

LIST OF SERVICES YOU HAVE APPLIED FOR FROM OTHER AGENCIES

(e.g. Vocation Rehabilitation, Addiction Services)

Name of Facility / Program	Contact Person	Address, phone number	Status of Application

Please note that medical, attendant care, rehabilitation and vocational reports are required: Neurosurgery, Neuropsychology, Speech Therapy, Physiotherapy, Occupational Therapy, Social Work, Psychology, Psychiatry, Assessment and Discharge Summaries. If you have copies of these reports please attach to the application.

PERSONAL INFORMATION

Seizures No Yes

If yes, describe: _____

Wheelchair No Yes Manual Motorized

Transfers Yes No

If yes, describe: _____

Assistive Devices No Yes

If yes state what is needed: _____

Attendant Care No Yes

If yes, describe: _____

Supervision or assistance with walking No Yes

If yes, does it apply to: level surfaces stairs or both

Communication Issues: No Yes

If yes, describe: _____

Other Physical Conditions (allergies, heart conditions, diet restrictions, etc) No Yes

If yes, describe: _____

Pre-Injury History of Substance Abuse: No Yes history not available

Current Substance Abuse: No Yes not known

Substance Abuse Treatment Recommended: No Yes

Previous Psychiatric History: No Yes

Describe: _____

Current Psychiatric Status: _____

Psychiatric Consult Notes: included report to follow not available

Education: Highest grade/level attained: _____

If in school, name of school: _____

Name of Last Employer: _____

Position: _____ How long were you in this position? _____

LIST OF MEDICATIONS

FINANCIAL INFORMATION

Check Source Of Income:

- Ontario Disability Support Program (ODSP)
- Old Age Security (OAS)
- Workplace Safety Insurance Board (W.S.I.B.)
- Lawyer's Name: _____
Company: _____ Phone: _____
- Insurance Adjuster Name: _____
Company: _____ Phone: _____
- Rehabilitation Case Manager Name: _____
Company: _____ Phone: _____

- Ontario Works (OW)
- Canadian Pension Plan (C.P.P.)
- Long Term Disability (private)
- Insurance Settlement
- Structured Settlement
- Inheritance
- Part Time Employment
- Full Time Employment
- Income Generating Assets - please describe: _____

Amount of income per month: _____

Do you have direct access to your income? Yes No **If no**, Name and Phone Number of Substitute Decision Maker/Power of Attorney and attach supporting documentation:

Do you make your own personal decisions? Yes No **If no**, Name and Phone Number of Substitute Decision Maker/Power of Attorney and attach supporting documentation:

I, _____ certify that the above mentioned information is correct, to the best of my knowledge.

AUTHORIZATION TO SHARE INFORMATION WITH OTHER AGENCIES

I, _____, have completed or have had this Application for
(Print Name)

Service completed for me. I give permission for the information contained herein to be shared with the agencies listed below in order to facilitate appropriate and timely service provision. I understand that information about me may be taken off-site in order to better address my needs.

Applicant Signature

Legal Guardian/Committee Signature/
Power of Attorney/Substitute Decision Maker
(if applicable)

Please Print Applicant Name

Please Print Guardian / Committee Name
Power of Attorney/Substitute Decision Maker
(if applicable)

Witness

Date

ONTARIO COMMUNITY BASED NON-PROFIT PROGRAMS FOR ADULTS WHO LIVE WITH THE EFFECTS OF BRAIN INJURY			
Program Name (Check off agencies you have made application to)	Address	Phone Number	Fax Number
<input type="checkbox"/> Brain Injury Community Re-Entry (Niagara) Inc.	261 Martindale Rd., Units 12 & 13 St. Catharines, ON L2W 1A1	(905) 687-6788 1 800 996-8796	(905) 641-2785
<input type="checkbox"/> Brain Injury Services of Hamilton, Haldimand-Norfolk, Niagara	225 King William Street, Suite 508 Hamilton, ON L8R 1B1	(905) 523-8852	(905) 523-8211
<input type="checkbox"/> Brain Injury Services of Northern Ontario	426 Balmoral St. Thunder Bay, ON P7C 5G8	(807) 623-1188	(807) 623-1201
<input type="checkbox"/> Brain Injury Services of Muskoka Simcoe	560 Bryne Dr. Unit 4 Barrie, ON L4N 9P6	(705) 734-2178 Toll Free #: 877-320-1950	(705) 734-1598
<input type="checkbox"/> Community Head Injury Resource Services of Toronto (CHIRS)	62 Finch Avenue West Toronto, ON M2N 7G1	(416) 240-8000	(416) 240-1149
<input type="checkbox"/> Dale Brain Injury Services Inc.	815 Shelborne St. London, ON N5Z 4Z4	(519) 668-0023	(519) 668-6783
<input type="checkbox"/> Peel Halton Dufferin Acquired Brain Injury Services (PHD ABIS)	176 Robert Speck Parkway Mississauga, ON L4Z 3G1	(905) 949-4411	(905) 949-4019
<input type="checkbox"/> Vista Centre	211 Bronson Ave., Ste. 214 Ottawa, ON K1R 6H5	(613) 234-4747	(613) 234-3625