Application for Enrollment

Com-Span Inc.
Spanning the Community

Please complete the following application for day programming enrollment and forward the original copy to our office. Prior to submitting your application please ensure that all supporting documentation are attached.

Date of Application: _____

APPLICANT INFORMATION

Name of Applicant: _____
First Name Middle Name Last Name

Preferred Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No.: _____

PERSONAL INFORMATION

D.O.B (MMM-DD-YYYY) _____ ▫ Male ▫ Female

Social Insurance No. _____ S.A.H.S: _____

IMPORTANT – THIS SECTION MUST BE COMPLETED IN FULL

Individual Making Application: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ Email: _____

102 – 66 Moore Avenue
Winnipeg, MB R2M 3C4
Telephone: (204) 237-1804 ❍ Fax: (204) 233-3106 ❍ www.comspan.ca

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Current Daily Activities

Does the applicant currently attend school? ▫ YES ▫ NO

If yes, which school? _____

Contact Person: _____ Position: _____

Phone No.: _____ Email: _____

Have you had previous experience with Day Services? ▫ Yes ▫ No

If yes, Where: _____ When: _____

What is your current program status?

- ▫ Currently attending high school
- ▫ Presently attending another program
- ▫ Currently on a waitlist for another program
- ▫ Currently not attending any Day Services
- ▫ Other (please explain)

COMMUNITY SERVICES

Community Service Worker: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No.: _____ Email: _____

HEALTH

Health Registration Number: _____ Personal Health Identification Number (PHIN): _____

Primary Diagnosis _____

Additional Information: _____

_____

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ADDITIONAL INFORMATION REQUIRED

Item	Please select the appropriate response						
Communication Assessment	▫	Attached	▫	Not Attached	▫	N/A	
Life Skill Assessment	▫	Attached	▫	Not Attached	▫	N/A	
Physiotherapy Assessment	▫	Attached	▫	Not Attached	▫	N/A	
Social History	▫	Attached	▫	Not Attached	▫	N/A	
Medical Reports Including							
Outline of Primary Diagnosis	▫	Attached	▫	Not Attached	▫	N/A	
Current Medications	▫	Attached	▫	Not Attached	▫	N/A	
Seizure Protocol	▫	Attached	▫	Not Attached	▫	N/A	
Emergency Medical Protocol	▫	Attached	▫	Not Attached	▫	N/A	
Feeding/Swallowing Assessment	▫	Attached	▫	Not Attached	▫	N/A	
Physiological Assessment	▫	Attached	▫	Not Attached	▫	N/A	
I.P.P./I.E.P	▫	Attached	▫	Not Attached	▫	N/A	
Academic Reports	▫	Attached	▫	Not Attached	▫	N/A	
						N/A	
Personal Profile Support Intensity Scale (S.I.S.)	▫	Attached	▫	Not Attached	▫	N/A	

Please include any other information that may be relevant. If you requires assistance completing this application or have any questions please contact

Allison Delaurier
Assistant Director
Email: adelaurier@comspan.org
Phone: 204-237-1804