



Application for Oshki-Giizhig Support Programs

PLEASE SELECT REQUESTED SERVICES

- Walking Stick Independent Living Program
- Wiigiwaam Cluster Housing
- Lighthouse Homeshare Program
- Robin's Nest Community Residence Program
- Beaver Lodge Day Services

PARTICIPANT INFORMATION

Last Name	First Name	Middle	
Alias	Birth Date		
Gender	Phone #		
Address	Postal Code		
MHSC #	PHIN #	SIN #	
BOA Support Needs Level			

PLEASE COMPLETE IN FULL

Individual Making Application			
Program/Organization			
Address and Postal Code			
Phone #	Fax #		
Email Address	Date of Application		

COMMUNITY LIVING disability SERVICES (CLdS) / PROVINCIAL ALTERNATIVE SUPPORT SERVICES (PASS)

Community Service Worker			
Address and Postal Code			
Phone #	Fax #		
Email Address			

CHILD AND FAMILY SERVICES AGENCY

Name of Agency	Case Manager		
Address and Postal Code			
Phone #	Fax #		
Email Address			
Placement Type (Foster, Emergency, etc.)			



SPIRITUAL

Circle of Support (family, friends, community)	
Emergency Contact	

Band Name		Treaty #	
Spoken Languages			
Values and Beliefs			
History of Cultural Involvement			
Cultural Needs			

PHYSICAL

Family Doctor		Phone #	
Psychologist		Phone #	
Psychiatrist		Phone #	

Medications and Dosages	
Assistance with medication required?	
Physical/Mobility Concerns?	
Level of substance use, if any?	

Marital Status	
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Justice Involvement (past/present charges, convictions, sentences)			
Probation/Parole Officer			
Employment/Vocational/Day Program			
Source of Income			
EIA Counselor		EIA Case Number	
Other Agency Involvement			



INTELLECTUAL

Primary Disability	
Secondary Disability(ies)	
Additional Information	

School Involvement	

Financial/Property Concerns	

Substitute Decision Maker	

EMOTIONAL

Mental Health Worker	
Please provide feedback in reference to losses, grieving/depression, isolation, anger, loss of dignity, stressors, coping mechanisms, etc.	

***PLEASE ATTACH SOCIAL HISTORY AND ALL RELEVANT PSYCHOLOGICAL, PSYCHIATRIC, CLINICAL ASSESSMENTS**