

Additional Application Information (page 1 of 4)

IMPORTANT: This form **MUST** be accompanied by a 2–page Day Treatment Referral form.
Please provide as much detail as possible to help us better understand your communication needs.

Name of applicant			Date of birth mmm / dd / yyyy		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Health Card Number	Telephone no. (home) ()	(mobile) ()	(work) ()	extension		
Address		City		Province ON	Postal Code	
Language (written and spoken)			Other languages			
Name of contact person	Relationship to applicant		Telephone no. (home) ()	(work) ()	extension	
Address (if different from above)		City		Province ON	Postal Code	

Medical Diagnosis

Medical diagnosis and date of onset

Has health status changed recently, or is it expected to change in the near future? (describe)

Have Augmentative and Alternative Communication (AAC) services been received in the past?

no yes (list location and outcome)

AAC Goals

Face to face communication

- consultation
- communication display
- voice output communication aid
- other (specify)

Written communication

- word processor
- computer
- other (specify)
- personal writing
- for work
- for education

List goals in detail

1.

2.

3.

4.

5.

Please provide any information about therapy or specialists seen

Additional Application Information

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Name of applicant _____

Physical and Sensory Information

Vision and Perception

Are any visual/perceptual problems experienced?

no yes ▶

Describe in detail

Are any hearing problems experienced?

no yes ▶

Describe in detail

Physical Information

Able to: (/ appropriate box)	Left		Right		Comments
Grasp objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Release objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Point with finger	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Write with pen or pencil	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Which movement seems to be the most reliable and comfortable? Describe in detail.

Approximately how many hours per day are spent in the following?

In bed	hrs.	Wheelchair	hrs.	Days out of bed/week	days
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Mobility

Ambulation

Independent

yes no (complete the following)

Uses aid

cane walker wheelchair other (specify) _____

Wheelchair

Manual Power

Model

Propels

independent assisted dependent Tilt

Type of control (e.g. joystick)

Educational / Vocational Information

Highest level of education

Work / volunteer history
(indicate if currently working or volunteering)

Reading and Writing Ability

Reading	Writing
<p><i>Able to read and understand:</i></p> <p><input type="checkbox"/> his/her name</p> <p><input type="checkbox"/> simple words (e.g. dog)</p> <p><input type="checkbox"/> complex words (e.g. schedule)</p> <p><input type="checkbox"/> sentences</p> <p><input type="checkbox"/> short messages</p> <p><input type="checkbox"/> stories</p>	<p><i>Able to write:</i></p> <p><input type="checkbox"/> his/her name</p> <p><input type="checkbox"/> simple words (e.g. dog)</p> <p><input type="checkbox"/> complex words (e.g. schedule)</p> <p><input type="checkbox"/> sentences</p> <p><input type="checkbox"/> short messages</p> <p><input type="checkbox"/> stories</p>

Additional Application Information

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Name of applicant

Face-to-Face Communication (complete only if referring for face-to-face communication needs)

Present Communication Methods

Describe current communication system (e.g. speech, vocalizing, gestures, facial expressions, writing, display, technology)

If communication is by speech, indicate:

% understood by familiar listener

% understood by unfamiliar listener

Communication Needs

List specific examples of where communication is breaking down

List important communication partners

Written Communication Information (complete only if referring for written communication needs)

Describe writing needs (what needs to be written, frequency, and reason)

Describe the current writing method

Describe any problems with handwriting

Computer Experience

Does the applicant have any computer experience or knowledge?

no

yes ▶

Type of computer

Adaptations/accessibility features used

Special positioning during use

Are any of the following owned? (describe)

IBM Compatible Computer

Macintosh Computer

other (specify)

Completed by

Signature

Date

Name of facility (if applicable)

Additional Application Information

Facilitator Information

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Name of applicant

- ◆ A facilitator is an individual who takes primary responsibility for implementation of an individual's communication system. This could be a spouse, family member, caregiver or health professional, but it should be someone who interacts with the individual on a regular basis.
- ◆ Not all applicants require a facilitator. The need for a facilitator depends on the applicant's level of communicative independence. However, a facilitator is a great benefit, as they provide support such as:
 - Attending interview and assessment sessions
 - Providing regular client-training sessions until the client is competent in the use of his/her system
 - Teaching others about the client's communication system
 - Updating and maintaining the client's communication system
 - Serving as a liaison between the client and the Augmentative Communication and Writing Clinic.
- ◆ Who is the main person who will function as the facilitator?

Name

Relationship to client

Agency

Telephone no. (home)

Address

Telephone no. (work)

City

Province

Postal Code

- ◆ Has the facilitator worked with individuals who use augmentative communication systems before?

no

yes (*specify*)

