



1. Identification

Last name _____ First name _____

Address _____

Number

Street

City

Postal Code

Telephone () _____

Date of birth _____

Type of disability :

Auditory

Autistic

Intellectual

Physical

Psychiatric

Visual

2. Information concerning the autonomy of the person (must be completed)

COMMUNICATION

The person uses :
a language spoken body language non-verbal

Communication equipment
(Bliss symbol, others) yes no

The person can be understood easily with difficulty

The person understands easily with difficulty

NUTRITION AND DRESSING

The person needs help yes no

to eat

to drink

to dress

Other information on nutrition and dressing _____

HEALTH AND HYGIENE

The person has particular health problems

yes

no

Explain : _____

BEHAVIOR

Does the person have a behavior problem ?

yes

no

Explain : _____

MOVEMENT AND TRANSPORTATION

The person can move around

inside

by himself/herself

with help

outside

by himself/herself

with help

in a wheelchair

n/a

by himself/herself

with help

The person needs a companion for adapted transportation

yes

no

The person needs help to orient himself/herself

yes

no

The person needs help to socialize

yes

no

Why the person requires a companion to go out (all other pertinent information) :

3. Is the person a member of an association or an organization ? If yes, which one ?

4. How did you get information concerning the program ?

Directly from the association

Through a friend

In a newspaper

Other

Specify : _____

I declare all information provided is true and I authorize the accrediting organisation to transmit this information to Zone Loisir Montérégie for statistics and quality of service evaluations.

Date : _____ Signature of the applicant or their guardian _____

Administration only

No of the sticker : _____

Issued : _____

Organization : _____

By : _____