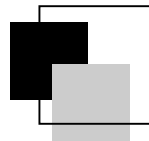


Program of Facilitated Access to  
Recreation for People with Disabilities

2008–2009

**Organizations and Municipalities  
Component**



**Application deadline: March 21, 2008**

Postmark Dated

Subject to funding approval by the Conseil du trésor

Managed in cooperation with:







**Person Authorized to Answer on Behalf of the Organization**

Last name	<b>Work phone</b> Area code ( )  _ _ _ - _ _ _  poste  _ _ _ _
First name	Other phone Area code ( )  _ _ _ - _ _ _
Position	Fax Area code ( )  _ _ _ - _ _ _
	Email _____ @ _____

**Type of organization**

Municipality or borough
  Non-profit recreational organization  
 Band council
  Non-profit recreational organization for people with disabilities  
 Northern village
  Vacation camp (day camp activities, without accommodation)

What is your organization's **normal attendant service ratio** for people with disabilities without financial support from the program?  
 1 for 1     1 for 2     1 for 3     1 for 4     Other \_\_\_\_\_  None

What is the **requested attendant service ratio** under this program?  
 1 for 1     1 for 2     1 for 3     1 for 4     Other \_\_\_\_\_

**Eligible attendant services:**                      **Only attendant services that cannot be provided by the organization as part of its normal mission or services will be considered.**

**1. Measures planned or taken by your organization to help integrate the person with a disability**

Check all appropriate items.

**1.1 Social Integration**

**Special measures to facilitate the social integration of the person with disabilities**

- Yes    No   Organized activities in public locations (cultural, tourist, sports)  
(e.g., festival, public swimming pool, theater, etc.)
- Yes    No   Integration initiatives with other groups
- Yes    No   Activities available to the community as a whole (organization or municipality)  
(e.g., swimming lessons, hockey lessons, baseball team, painting lessons, ornithological club, etc.)
- Yes    No   Community day camp (e.g., playground groups, etc.)

**1.2 Adaptation**

**Measures planned or taken to facilitate the participation of the person with disabilities in selected activity**

- Yes    No   Purchase or fabrication of adapted material  
(e.g., balls, scissors, utensils, etc.)
- Yes    No   Adaptation of program  
(Program content prepared in light of participant's needs)
- Yes    No   Adaptation of activities (change in pace of activities, preparation of activities based on participant's physical and/or intellectual abilities)
- Yes    No   Adaptation of building and facilities  
(e.g., access ramp, signage, lift, etc.)

**1.3 Attendant Training**

**Training adapted to the needs of people with disabilities provide by**

- ARLPH
- Rehabilitation center
- CLSC
- Other (please specify): \_\_\_\_\_
- Organization itself
- Staff has specialized training in the field
- No training planned

Reproduce as needed according to the number of participants

**2. Description of participant**

Participant no.: \_\_\_\_\_

Participants may submit only one application for attendant services per year under this program. Please check with your participants.

**Identification**

Male       Female       Age: \_\_\_\_\_ Will this person be grouped?       Yes       No  
 Type of impairment:  
 Hearing       Intellectual       Physical       Autism       Visual       Pervasive developmental disorder  
 Language or speech disorder       Mental health problem       Other: \_\_\_\_\_

**Self-Care Skills of Person with Impairment (Please answer all questions)**

<p><b>2.1 Communication</b> Language used      <input type="checkbox"/> Spoken      <input type="checkbox"/> Non-verbal    <input type="checkbox"/> Sign      <input type="checkbox"/> Communications device (Bliss board or other)</p> <p><b>2.2 Understanding</b> Person communicates      <input type="checkbox"/> Easily      <input type="checkbox"/> With difficulty Person understands      <input type="checkbox"/> Easily      <input type="checkbox"/> With difficulty</p> <p><b>2.3 Eating</b> Person needs help to Eat      <input type="checkbox"/> Yes      <input type="checkbox"/> No      Special Diet      <input type="checkbox"/> Yes      <input type="checkbox"/> No Drink      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>2.4 Dressing</b> Person needs help to Dress      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>2.5 Getting around</b> Person can move about Indoors      <input type="checkbox"/> Unaided      <input type="checkbox"/> With help Outdoors      <input type="checkbox"/> Unaided      <input type="checkbox"/> With help In a wheelchair      <input type="checkbox"/> Unaided      <input type="checkbox"/> With help Other equipment      <input type="checkbox"/> Unaided      <input type="checkbox"/> With help    <input type="checkbox"/> N/A</p> <p><b>2.6 Personal care</b> Person needs help with <input type="checkbox"/> Personal care      <input type="checkbox"/> Using washroom      <input type="checkbox"/> Incontinence <input type="checkbox"/> Other: _____</p>	<p><b>2.7 Special health problems</b> Person has health problems that require special attention from the attendant <input type="checkbox"/> Yes      <input type="checkbox"/> No If yes, type of problem <input type="checkbox"/> Diabetes      <input type="checkbox"/> Epilepsy <input type="checkbox"/> Severe allergy      <input type="checkbox"/> Serious respiratory problem <input type="checkbox"/> Heart problem      <input type="checkbox"/> Other: _____</p> <p><b>2.8 Behavior problems</b> Person has behavior problems <input type="checkbox"/> Yes      <input type="checkbox"/> No If yes, type of problem <input type="checkbox"/> Aggressive toward self      <input type="checkbox"/> Aggressive toward others <input type="checkbox"/> Occasionally resists      <input type="checkbox"/> Regularly resists <input type="checkbox"/> Flight risk      <input type="checkbox"/> Other: _____</p> <p><b>2.9 Special attendant duties</b> Interventions required on the part of attendant <input type="checkbox"/> Reinforcement of rules      <input type="checkbox"/> Encouragement to participate <input type="checkbox"/> Assistance with getting bearings      <input type="checkbox"/> Assistance with equipment or getting food <input type="checkbox"/> Transfer assistance (Wheelchair)      <input type="checkbox"/> Other: _____</p>
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**Description of Recreational Activities**

**Description of recreational activity or activities**

\_\_\_\_\_

\_\_\_\_\_

Start date	End date	Number of hours (min. of 40 hours and max. of 240 hours)

Reproduce as needed according to the number of participants

**3. Cost of Attendant Services**

Number of attendants required	X	Number of hours worked per attendant	X	Suggested rate \$12/hr.	=	Total
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
Participant(s) # _____						
_____	X	_____	X	\$12	=	\$ _____
<small>Number of attendants</small>		<small>Number of hours worked</small>		<small>Hourly rate</small>		<small>Total</small>
_____		_____				\$ _____
<b>Total number of attendants</b>		<b>Total number of hours</b>				<b>Total requested</b>

**4. Insurance Policy Information**

Name of insurance company
Policy number
Insurance policy expiry date
Amount of liability insurance coverage

**5. Required Documents\***

	Organizations	Municipalities
Evaluation report for organizations that received grants last year	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already sent <input type="checkbox"/> Will follow at end of activity Date: _____ <input type="checkbox"/> No application submitted during the previous year	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already sent <input type="checkbox"/> Will follow at end of activity Date: _____ <input type="checkbox"/> No application submitted during the previous year
Copy of letters patent (first-time applicants) or of a change to their letters patent (except municipalities)	<input type="checkbox"/> Enclosed <input type="checkbox"/> Already submitted	N/A
Copy of the 2007 declaration of registration issued by the Registraire des entreprises du Québec	<input type="checkbox"/> Enclosed	N/A
Description of the organization	<input type="checkbox"/> Brochure	N/A

\*For your application to be eligible, you must submit all of the above mentioned documents. If one of these documents is missing, your application will not be processed

## 6. Responsibility of the Organization

We hereby certify that the participants identified on this form contacted our organization or municipality to obtain financial assistance to pay for the cost of attendant services required for a recreational activity. We further certify that the information provided on this form is accurate. Furthermore, if our organization or municipality receives the financial assistance requested, we promise to use these funds for the purpose for which they were intended and to comply with the requirements of the program.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Authorized person's position

\_\_\_\_\_  
Authorized person's signature

\_\_\_\_\_  
Date

NOTE: The organization or municipality must send a duly completed and signed form, along with the required supporting documents, to the Association regionale pour le loisir des personnes handicapées or the Unité regionale de loisir et de sport in its region (see list below).

Applications must be mailed.  
Applications submitted by fax or email will not be accepted.

**Region 01 - Bas St-Laurent**

- URLS Bas St-Laurent  
38, rue Saint-Germain Est, bureau 304  
Rimouski (Québec) G5L 1A2

**Region 02 - Saguenay-Lac-Saint-Jean**

- ARLPH Saguenay-Lac-Saint-Jean  
371, rue Racine Est  
Chicoutimi (Québec) G7H 1S8

**Region 03 - Capitale-Nationale**

- ARLPH de la Capitale-Nationale  
14, rue St-Armand  
Québec (Québec) G2A 2K9

**Region 04 - Mauricie**

- URLS Mauricie  
260, rue Dessureault  
Trois-Rivières (Québec) G8T 9T9

**Region 05 - Estrie**

- ARLPH Estrie  
5182, boul. Bourque  
Sherbrooke (Québec) J1N 1H4

**Region 06 - Montréal**

- AlterGo (ARLPH)  
525, rue Dominion, bureau 340  
Montréal (Québec) H3J 2B4

**Region 07 - Outaouais**

- URLS Outaouais  
394, boul. Maloney Ouest, bureau 102  
Gatineau (Québec) J8P 7Z5

**Region 08 - Abitibi-Témiscamingue**

- ARLPH Abitibi-Témiscamingue  
330, rue Perreault Est  
Rouyn-Noranda (Québec) J9X 3C6

**Region 09 - Côte-Nord**

- URLS Côte-Nord  
859, rue Bossé, local 218  
Baie-Comeau (Québec) G5C 3P8

**Region 10 - Nord-du-Québec**

- Commission loisir et sport de la Baie James  
179, 5<sup>e</sup> avenue  
Complexe Vinette, bureau 121  
Chibougamau (Québec) G8P 3A7

**Region 11 - Gaspésie-Îles-de-la-Madeleine**

- URLS Gaspésie-Îles-de-la-Madeleine  
8, boul. Perron Est  
C.P. 99  
Caplan (Québec) G0C 1H0

**Region 12 - Chaudière-Appalaches**

- ARLPH Chaudière-Appalaches  
6600, boul. de la Rive-Sud  
Lévis (Québec) G6V 9H4

**Region 13 - Laval**

- CRÉ Laval  
1555, boul. Chomedey, bureau 220  
Laval (Québec) H7V 3Z1

**Region 14 - Lanaudière**

- ARLPH Lanaudière  
200, rue De Salaberry, bureau 305  
Joliette (Québec) J6E 4G1

**Region 15 - Laurentides**

- ARLPH Laurentides  
300, rue Longpré, bureau 100  
Saint-Jérôme (Québec) J7Y 3B9

**Region 16 - Montérégie**

- Zone Loisir Montérégie (ARLPH)  
150, rue Grant, bureau 227  
Longueuil (Québec) J4H 3H6

**Region 17 - Centre-du-Québec**

- ARLPH Centre-du-Québec  
59, rue Monfette, bureau 236  
Victoriaville (Québec) G6P 1J8