

Regina Residential Services Co-Management Committee

RRSCC Member Agencies are Cheshire Homes, Chip and Dale Homes Inc., Clare Parker Homes, Creative Options Regina
 HELP Homes, Hope's Home, Inclusion Regina, Regina Residential Resource Centre
 South Saskatchewan Independent Living Centre, Turning Leaf
 Community Living Service Delivery- Ministry of Social Services

2216 Smith Street
 Regina, Saskatchewan S4P 2P4
 Telephone [306] - 790 - 5682/ fax [306] - 586 – 7899

Release of Information

I understand that Regina Residential Services Co-Management Committee will:

Collect and disclose personal information and share information both verbally and in writing to those who are part of the admissions process.

Only disclose as much information as is required to make decisions regarding admission process.

Only disclose information in accordance with my consent and as required by law.

I understand that:

I may refuse to sign this consent or I may revoke this consent in writing at any time

This form will be valid for two years unless otherwise noted.

Information may be shared with the following agencies unless otherwise stated.

Residential Programs

- Cheshire Homes
- Creative Options Regina
- Regina Residential Resource Centre
- HELP Homes of Regina
- Hope's Home
- Chip and Dale Homes Inc.
- Christian Horizon's
- Clare Parker Homes
- Turning Leaf
- South Saskatchewan Independent Living Centre

Vocational Programs

- Saskatchewan Abilities Council
- Cosmopolitan Learning Centre
- Harvest Industries
- Ranch Ehrlo

- Inclusion Regina
- Health Services:
- Community Living Service Division – Ministry of Social Services

 Name: please indicate if you are the applicant
 Or are signing on their behalf

Date _____

 Signature

Application For Referrals

PERSONAL INFORMATION

Applicant's Name _____ Phone Number _____

Home Address _____

Email address _____

This is a: (a) parental home (b) group home (c) own home
 (d) approved private service home (e) supportive independent living
 (f) other _____

Length of time at above residence _____

Date of Birth _____ Age _____ Sex _____

DLSA _____ Person Centred Plan (PCP) Yes No

Comprehensive Behavior Support Plan (CBS) Yes No

Social Assistance Recipient? Yes No

Financial Worker Department – CLD, INAC etc.	Phone
Trustee Name	
CLD Worker	Phone Email address:
Home Care Assessor	

Diagnosis _____

Transportation Use (a) Paratransit (b) City bus (c) own vehicle
 (d) Other _____

Do you use a wheelchair or other mobility supports? _____

Ability to do stairs _____

FAMILY INFORMATION

Please identify people who are a positive support in the applicant's life.

Name	Relationship	Contact Information

MEDICAL INFORMATION

Medical Team	Telephone	Clinic Location
Doctor's Name		
Dentist		
Optometrist		
Psychiatrist's Name		
Mental Health Counselor		
Homecare		
Other (specialist)		
Other (specialist)		
Other (specialist)		

Health History

	Yes	No	Comments
Seizures – please explain			
Speech difficulty			
Physical challenges			
Serious injury			
Hearing impairment			
Visual impairment			
Allergies (environment or Medication)			
Special Diet			
Diabetes			
Heart defect			
Mental health concerns			
Dental problems			
Dentures			
Communicable disease(s)			
Surgery			

Medications

Drug	Dosage	Known /Visible Side Effects

Does applicant handle medications reliably on his or her own? Yes No

Sleeping

Sleep through the night? _____

Time usually goes to bed – Time usually wakes up? _____

Toileting Routine

Independent? _____

If support required – how? _____

EDUCATION HISTORY

Last School Attended	
Last Grade Completed	
Other Programs Completed	

EMPLOYMENT HISTORY

Place of Work	Description of Responsibilities	Length of Employment (include dates)	Reason for Leaving

What do you do during the day if not in a vocational program _____

RESIDENTIAL HISTORY

Length at previous home	Reason for Leaving

What do you like to do	Afraid of....	What would a good roommate be like?

What do people appreciate about you,

What is important to you,

How best to support you,

**Complete this page if requesting
SUPPORTED INDEPENDENT LIVING SUPPORT**

What supports do you require for daily living?

Daily Living Activities		Supports Required
Transportation	Yes No	
Budgeting/Banking	Yes No	
Eating/Meal Planning	Yes No	
Health	Yes No	
Dressing	Yes No	
Shopping	Yes No	
Parenting	Yes No	
Arranging Homecare	Yes No	
Sport, Recreation, Leisure	Yes No	
Social Relationships	Yes No	
Employment	Yes No	
Education	Yes No	
Personal Hygiene	Yes No	
Personal Care	Yes No	
Home Management	Yes No	
Justice	Yes No	
Other		

Please Note: If applicant is accepted into SILP, the SILP Worker will work directly with the applicant. SILP workers will provide information, teach skills, encourage decision-making, and promote independence. Applicants will be encouraged to develop a case plan with their support team. SILP Worker will support applicant in the process. SILP Workers encourage choices and promote informed decision-making.