

# Possibilities Program Application

## CHILD & FAMILY INFORMATION

Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of birth:	Diagnosis:	Phone:	
Current address:			
Severity of disorder: Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>	Age: Verbal <input type="checkbox"/> Partial <input type="checkbox"/> Non-Verbal <input type="checkbox"/>
City:	Province:	Postal Code:	
Mother's name:			
Father's name:			
Marital status of parents: Married <input type="checkbox"/> Divorced/ Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>			
Mother's email:		Father's email:	
Does this child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of people living in the home:	
Ages of siblings:		Number of siblings:	
Who lives in the home other than your children?			
<i>If you are applying on behalf of the family, please complete:</i>			
Name:		Relationship to child:	
Phone:		Email:	
Signature:			

## SERVICES HISTORY

Has the child previously received IBI/ ABA therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Past Services provider:	How long?
Is your child currently receiving IBI/ ABA therapy? Yes <input type="checkbox"/> No <input type="checkbox"/>	How long?
Current Services Provider:	
How were/are the services paid for: Public funding <input type="checkbox"/> Private <input type="checkbox"/> Extended Coverage <input type="checkbox"/> Other <input type="checkbox"/>	
What other services has your child received: Occupational T <input type="checkbox"/> Speech-language <input type="checkbox"/> Physio T <input type="checkbox"/> Other <input type="checkbox"/>	
Provincial Public Funding status	
Agency: _____ (Erin Oak Kids, Kinark, Surrey Place etc.)	
Not Eligible <input type="checkbox"/> Applied <input type="checkbox"/> Waitlisted <input type="checkbox"/> Currently receiving <input type="checkbox"/> Completed <input type="checkbox"/>	

## REQUEST FOR ASSISTANCE INFORMATION

<b>Household Total income-</b> Mother: \$ _____ Father: \$ _____ or Guardian: \$ _____		
(Salary before taxes and deductions – Line 150 of CRA Notice of Assessment or line 150 on page 2 of T1) <input type="checkbox"/>		
<b>Other Income</b> (monthly amount) \$ _____		
Child support \$ _____	Canada Child tax benefit \$ _____	Child Disability benefit \$ _____
Ontario child benefit \$ _____	National child benefit supplement \$ _____	Social assistance \$ _____
Employment insurance \$ _____	Are you a new resident to Canada Yes <input type="checkbox"/> No <input type="checkbox"/>	
(if yes) When did you immigrate?		
<b>Other Funding and Services</b>		
Assistance to children with severe disabilities (ACSD) \$ _____		
If \$0, have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible <input type="checkbox"/>		
Ontario Disability Services Program (ODSP) \$ _____		
If \$0, have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible <input type="checkbox"/>		
Special Services at home (SSAH) \$ _____		
If \$0, have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/> Not eligible <input type="checkbox"/>		

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Has your family work status or income changed over the past year?      Yes       No   
*If yes, please explain:*

## ADDITIONAL INFORMATION

Child currently attends:  
 Mainstream classroom full time       Special classroom full time       Part-time school       Other

Do you feel your child has sufficient support at school?    Yes     No

As a parent do you feel you have a language barrier in communicating with your child's school and service providers?

Yes       No       If yes, what languages do you speak? \_\_\_\_\_

If enrolled into the possibilities program, how long are you looking to have your child receive therapy?

6 months       1 year       2 years       2+ years

How many hours a week are you looking for your child to receive therapy?

4-5 hours       6-9 hours       10-20 hours       20-35 hours       35+ hours

The average cost for private IBI therapy is approximately \$40-45/ hour in Ontario.

What is the amount that you are able to afford? \$      / hour

What are the goals you to achieve for your child through therapy?

Please include any other details you would like to mention for consideration here:

**I certify that the information provided on this application is true, correct and complete to the best of my ability.**

Signature of applicant

Date

Name of Parent/ Legal Guardian (please print)

How did you hear about Aim Autism Services Possibilities Program?

**PRIVACY POLICY:**

The Possibilities Program privacy policy makes every effort to ensure that any individual's personal information is protected and properly handled. The information you provide on this application is only used for the purpose of determining eligibility. It is reviewed and handled by only those designated and authorized to do so within the Aim Autism Services office.

**SUPPORTING DOCUMENTS:** If your application is granted, you may be asked to provide supporting documentation including but not limited to:

- Copies of most recent notice of assessments from Canada Revenue Agency
- A copy of T1 general pages of your tax return sent to Canada Revenue Agency or current T4 if your income tax return for the year has not been filed.

APPLICATION AND DOCUMENTS ARE TO BE MAILED TO:

**Aim Autism Services- Possibilities Program**

**PO Box 57033**

**11965 Hurontario St**

**Brampton, On**

**L6Z 4P0**