

Green Spaces Participant Application

Applicant Information:

Date: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Gender: M / F

Marital Status (mar., never married, div., sep.): _____

D.O.B.: (mm/dd/yy) _____ O.H.I.P.: _____

	Name	Phone #
Psychiatrist		
Physician		

Diagnosis: _____

Allergy Alert

I am allergic to:

Food Restrictions:

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____
 (e.g. parent, worker, etc.)

General Information :

What language do you speak at home? _____

What language do you wish to be served in? _____

Do you identify as Aboriginal?

Aboriginal Non-Aboriginal

What is the highest grade you completed in school?: _____

Do you currently have any legal issues? Yes No

If yes, please explain: _____

Who do you live with (you may check more than one box)?

live alone spouse/partner children
 parents relatives non-relatives

What type of residence do you live in?

No fixed address hostel/shelter long term care home
 private non-profit municipal non-profit housing private house/apt./condo
 House/apt subsidized retirement home rooming/boarding house
 Supportive housing homes for special care general hospital
 Psychiatric hospital other specialty hospital other
 Correctional/probational facility

What type of living support do you receive where you live (meals, laundry, paying bills, etc.)?

- I perform all tasks on my own I receive support for some tasks
 I receive 24-hour support I receive support for many tasks

What is your employment status?

Are you currently attending school? Yes No

If yes, what are you taking (program, course, grade, etc)? _____

What is your primary income source?

- I have a job Employment Insurance (EI) ODSP Social Assistance
 Pension Disability Assistance Insurance Family No Income Source
 Other

Additional Information

Do you have a history of drug and/or alcohol dependency or abuse? Yes No

If yes, please indicate the details:

a) pattern and circumstances: _____

b) previous treatment: _____

c) current situation: _____

Do you have a dual diagnosis (developmental disability)? Yes No

Do you have any other ongoing chronic illnesses or physical disabilities? (e.g. diabetes, epilepsy, heart conditions, etc.) Yes No

If so, please explain:

Physical Activities

At Peace Ranch, we do a wide variety of physical activities, including horse back riding, hiking on the Bruce Trail, indoor and outdoor sports activities, swimming, and various farm-related physical work.

I have physical limitations, as listed, and cannot participate in the following activities:

I have no known physical limitations to the activities at Peace Ranch

Name the other Social Service agencies, if any, with which you are involved:

Name	Phone Number

How old were you when your mental illness first presented itself? _____

How old were you when you were first hospitalized? _____

Please indicate psychiatric hospital visits in the last two years:

Admission Date (day, month, year)	Discharge Date (day, month, year)	Name of Hospital	Please Check One					
			Voluntary	Involuntary	Substance abuse	Forensics	Respite	Medical
1.								
2.								
3.								

Issues to be Addressed and Risk Factors

This section is to help us understand the issues that you would like to address and work on through your participation in the programs here. It also helps us decide if Peace Ranch is a good fit for your needs and interests.

Do you have a history of acting out and/or inappropriate behaviour:

- Toward yourself? Toward others? Toward animals?
 Verbally aggressive? Physically aggressive? Violent?
 Sexual? Fire setting?

If yes to any of the above, please provide detailed information on:

a) *pattern and circumstances*: _____

b) *most recent incident*: _____

Please indicate the which of the following difficulties you have experienced

- Visual Hallucinations Auditory Hallucinations Delusions
 Physical abilities Symptoms of abuse Suicidal behaviour/threats

If yes to any of the above, please provide detailed information on:

c) *pattern and circumstances*: _____

d) *most recent incident*: _____

Do you have any other symptoms we need to be aware of? If so, please explain:

Which of these would like to address through your participation in the Green Spaces program?:

- Group communication skills Reduce violent behaviour
 Reduce desire to harm self Reduce hallucinations/delusions
 Reduce symptoms of abuse Gain skills toward employment
 Problems with relationships Problems with addictions
 Gain skills in daily living other

How do you expect coming to Peach Ranch will help you achieve your overall rehabilitation goals?

Are you on a Community Treatment Order? Yes No

Do you have a comfortable knowledge regarding your diagnosis?
 If not, would you wish to participate in further education?

Yes
 Yes

No
 No

Professional Referral Source

To be filled out by Professional Referral:

I, _____ (name of professional referral), have read and verify the above application. I believe that the applicant is ready, appropriate, and capable of participating and benefiting from the activities in the Green Spaces program at least twice per month.

 Professional's Signature

 Position

 Date

Privacy and Personal Information

The Green Spaces Coordinator can direct you to the Peace Ranch appointed privacy officer, who is available to answer all questions and concerns regarding how information is being gathered and used.

I, the undersigned, understand and give consent to the collection and storage of my personal information and the use of such information under the conditions in the Peace Ranch privacy policies.

 Applicant's Signature

 Date

Consent to Disclose

Please list the names of the people in your "circle of care" (psychiatrists, social workers, family members, etc.) whom Peace Ranch may contact

Name	Relationship	Contact info

** I give Peace Ranch permission to contact the above individuals or organizations to discuss my participation in the Green Spaces Program.

 Applicant's Signature

 Date

**Please return to Peace Ranch by fax or mail to
 our Green Spaces Program Coordinator:**

FAX: 905-584-0928

MAIL: 19179 Centreville Creek Rd., P.O. Box 91, Stn. Caledon East, Caledon, ON, L7C 3L8

PHONE: 905-584-9156 x27