Let's Grow
Learning & Living Hub

Application Form

Download, complete and send to info@letsgrowhub.com

About you and your team

General information

First Name:				Last Name:			
Age:		Gender:		Birthdate (mm/dd/yyyy)			
Address:							
City:		Province:		Postal Code:			
You live with: (circle)	Both parents	Mother	Father	Guardian	Independent	Group Home	Other

Your team

(1) Parent/Guardian Name:		
Mailing Address: (if different than team member)	E-Mail:	
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:
(2) Parent/Guardian Name:		
Mailing Address: (if different than team member)	E-Mail:	
City:	Province:	Postal Code:
Home Phone:	Work Phone:	Cell Phone:
(3) Emergency Contact Information:		
Home Phone:	Work Phone:	
Cell Phone:	E-Mail:	

In the event of an emergency, the parent or guardian will be contacted immediately. If the parents or guardians cannot be reached, the emergency contact person will be called. If anyone's health and/or well being is compromised, we will call 911.

Medical Information:

OHIP Number:	Version code:
Main doctor:	
Name:	Telephone number:
Address:	City:
Province:	Postal code:

Your history

Primary Diagnosis:		
Secondary Diagnosis:		
Do you have any allergies:		
How to treat your allergies (EpiPen, Medication, etc.):		
Are your immunization up to date:	☐ Yes	☐ No
Have you been admitted to the hospital in the last 6 months:		
If yes, please tell us why you were in the hospital:		

Your Medications (including over the counter)

Scheduled medications:						
Name	**strength**	**dose**	**how often**	**method**	**instructions**	**required at Let's Grow**
						☐
						☐
						☐
						☐
						☐
Any as needed/unscheduled medications:						
name	**strength**	**dose**	**how often**	**method**	**instructions**	**when required**
Please bring all your medication in the original containers with labels.						

Do you have seizures?

Do you have seizures?	☐ Yes	☐ No
Will you bring your seizure medication with you?	☐ Yes	☐ No
If you do have seizures, please briefly describe what it looks like, how often you have them and what triggers your seizures. We will ask you to fill out a more detailed medical form before you come to Let's Grow.		

A bit more about you

Do you get overwhelmed by loud/sudden noises?	☐ Yes	☐ No
Do large groups of people make you uncomfortable?	☐ Yes	☐ No
If you don't like something, do you run away or leave the group?	☐ Yes	☐ No
Do you ever do something that would hurt you??	☐ Yes	☐ No

Do you need help doing activities?

Do you use sign language?	☐ Yes	☐ No
Do you like hand-over-hand help?	☐ Yes	☐ No
Do you need step-by-step instructions?	☐ Yes	☐ No

How will we communicate with you?

Do you have difficulties speaking?		☐ Yes	☐ No
If you do have difficulties, how do you communicate?			
☐ verbally	☐ with a symbol or picture board	☐ sign language	
☐ using gestures	☐ with an assistive device/board	☐ other	
How well do you see?			
☐ I see well	☐ I have some difficulty seeing	☐ I'm blind	☐ I wear glasses
Do you wear hearing aids?		☐ Yes	☐ No

Getting around

To get around, I		
☐ I walk independently	☐ I walk with assistance	
I use a		
☐ Cane	☐ Crutches	☐ Walker
☐ Orthotics	☐ Manual Wheelchair	☐ Electric Wheelchair
☐ Hand over hand assistance	☐ Other (specify):	
Do you ever fall?	☐ Yes	☐ No

Personal stuff

Please let us know how much help you need in doing the following things.				
Task	**Total Assistance**	**Some Assistance**	**No Assistance**	**What kind of assistance do you need**
Eating	☐	☐	☐	
Washing Hands	☐	☐	☐	
Dressing	☐	☐	☐	
Mobility	☐	☐	☐	
Toileting	☐	☐	☐	
Transferring	☐	☐	☐	How much do you weigh?

How I eat.

I eat:	I use:	
☐ regular texture food ☐ difficulty chewing ☐ difficulty swallowing	☐ G-Tube ☐ NG Tube ☐ GJ Tube Tube Size: Type & amount of feeding/formula:	Other ways to eat: Comments:

Bathroom stuff

My bowel	My bladder	I require	I use
☐ Full control ☐ Occasionally incontinent ☐ Incontinent ☐ Colostomy bag	☐ Full control ☐ Occasionally incontinent ☐ Incontinent ☐ Catheter routine Type/size: _____ Times: _____ ☐ Drainage condom	☐ Diaper/Briefs ☐ Other:	☐ Toilet ☐ Commode chair ☐ Change table
What are your cues and schedule about using bathroom or need changing?			

Other important information about you. Do you use any of these things?

☐ Helmet	☐ Physical restraints (e.g.: elbow splints, mitts, etc.)
☐ Tip suctioning	☐ Deep suctioning
☐ Tracheostomy	☐ Oxygen
Please give us the details:	

What do you like to do?

☐ Cooking/baking	☐ Crafts	☐ Reading
☐ Colouring	☐ Art	☐ Watching movies
☐ Dancing	☐ Singing	☐ Computer/Internet
☐ Listening to music	☐ Animals	☐ Getting outside
☐ Sports	☐ Music/Instruments	☐ Plants
Any other things you like		

What are your strengths? What do you do well?

What are your goals? What would you like to work on while at Let's Grow?

Is there anything else you would like to tell us?

Team signature

I verify that the information that has been given in this application is complete and accurate to the best of my knowledge. I provide consent for the assigned nurse and staff to administer medication and perform any other procedures or treatments as directed above to the team member listed below during his or her time at Let's Grow. I will provide up-to-date information regarding treatment or contact information as needed.

Team Member (please print):	Parent/Guardian (please print)
Date (mm/dd/yyyy)	Signature

Let's Grow Learning & Living Hub is a project on MakeWay's shared platform, which supports on-the-ground efforts to help communities and nature thrive together. MakeWay is a national Canadian charity dedicated to a healthy environment, social equity, and economic prosperity.

MakeWay's shared platform provides governance, human resources, financial, and grant management for leading environmental and social projects across Canada, enabling projects to achieve greater impact. MakeWay has full fiduciary and governance responsibility for Let's Grow Learning & Living Hub.