

Section 1: Individual's Profile [person requiring support]

Today's Date: _____ [mm] _____ [dd] _____ [yr]

Applicant's Name: _____
 (Last) (First)

Address: _____

Major Intersection: _____

Telephone: _____

Current Living Situation [select one]

- With Family/Kin Shared with support Independent
 Group home –funded Group home –private Other
 If "Other" describe _____

Languages: English Other language _____

Interpreter Required: No Yes

Gender: Male Female

Birth Date: _____ / _____ / _____ Age: _____
 (mm/dd/yr)

Race Group [select one]:

- Aboriginal/Native
 South Asian [e.g. East Indian, Pakistani, Punjabi, Sri Lankan]
 South East Asian [e.g. Cambodian, Indonesian, Laotian, Vietnamese]
 West Asian/Middle Eastern [e.g. Armenian, Egyptian, Iranian, Lebanese]
 Asian [e.g. Korean, Chinese, Japanese]
 Black [e.g. African, Caribbean, Canada, United States]
 White [e.g. Canada, United States, Europe]
 Filipino
 Latin American [e.g. Mexican, South American, Central American]
 Other –specify _____
 Mixed race – list all groups _____

Ethnic/Cultural Group [list all]

Current funding resources [select all that are used]:

- NO - none
 YES Earned Income ODSP Passport
 SSAH Other _____

Section 2: Family/Network Profile

Key Contact: _____
 (Last) (First)

Relationship: _____

Address: Same as above Different – note below

Contact Info:

Phone: _____

Cell: _____

Email: _____

List Family Supports / Network of Supports:

Family Type: 1 parent 2 parent

Total Household Income:

- < \$20,000 \$20,001-\$40,000 \$40,001- \$60,000
 \$60,001- \$80,000 \$80,001- \$100,000 > \$100,001

How did you hear about LIGHTS?

- LIGHTS website
 Community Living Toronto website
 Connect **ABILITY**.ca
 DSTO.ca
 Access & Information Services
 Personal networks
 Word of mouth
 Other – please describe
- _____
- _____

Section 3: Eligibility

Applicant & family/network are you...? [select all that apply]

- Eligible for supports in the Developmental Services Sector
- Wanting to explore future living arrangements and partnerships with other individuals, families/networks within the City of Toronto
- Prepared to self manage an alternative living arrangement

Section 4: Service Request

	Service Desired [select all that apply]	I Want Information On	I Want Service With
1	LIGHTS		
2	Person-directed planning		
3	Budget development		
4	Networking with other families		
5	Financial planning (e.g. wills, estate planning, Absolute Discretionary Trusts (Henson))		
6	Other		

Section 5: Evaluation of LIGHTS

LIGHTS is a 2-year pilot project offered in partnership with Community Living Toronto. LIGHTS starts in Fall 2010. Community Living Toronto is evaluating the impact on those who use LIGHTS and is examining its effectiveness in helping build sustainable housing opportunities for those with an intellectual disability.

We value your feedback on your experience with LIGHTS. We want to know about what worked and what didn't work. We want to hear from everyone who used LIGHTS, whether it was just making an inquiry and starting the referral process all the way through to helping your family member be in a home of their own.

Independent researchers from the Child Welfare Institute are conducting the evaluation. All data are kept confidential and all identifying information are removed. Would you be willing to be contacted by the researchers to talk about participating in the LIGHTS evaluation?

No, thank you.

Yes, contact me. If yes, please provide your name and phone number/contact info.

NAME:

PHONE #

EMAIL: