

**Life Empowerment Inc.**  
**Initial Contact and Request for Services**  
 Unit-E, 5002 – 54<sup>th</sup> Street  
 Barrhead, Alberta T7N 0M8  
 Email: [admin@LifeEmpowerment.ca](mailto:admin@LifeEmpowerment.ca)  
[Fax: 780-674-6886](tel:780-674-6886)  
[Phone: 780-674-7664](tel:780-674-7664)

**GENERAL INFORMATION / CONTACT INFORMATION**

Name		Date of Birth	
Address		Phone Number	
Legal Status	Minor Child <input type="checkbox"/>	Independent Adult <input type="checkbox"/>	Dependent Adult <input type="checkbox"/>
Cultural Background		Religious Preference	
Social Insurance No.		Alberta Health Care No.	
Other Health Care No.		Personal Identification	Male <input type="checkbox"/> Female <input type="checkbox"/>
Height	Weight	Eye Color	Hair Color
Identifying Marks		Picture Included	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Contact(s)			
<i>Personal Contacts</i>			
Parent/Next of Kin	Home Ph.	Work Ph.	Cell Ph.
Address	Email		
Parent/Next of Kin	Home Ph.	Work Ph.	Cell Ph.
Address	Email		
Guardian	Home Ph.	Work Ph.	Cell Ph.
Address	Email		
Trustee	Home Ph.	Work Ph.	Cell Ph.
Address	Email		

**PURPOSE OF THE REFERRAL: (SERVICES REQUESTED)**

<i>Financial Status: check all that apply</i>			
AISH <input type="checkbox"/>	Employment <input type="checkbox"/>	Insurance <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Additional Comments:</b>			

# A-1 - ADMISSIONS

## Requested Supports

Check all that applies

<b>Community Living Supports – Overnight</b> this support is a 24/7 program that will include Community Access Supports.		Choose the appropriate Community Living Supports
→ Employment Access <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → School <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ School: _____	24/7 <input type="checkbox"/>	
<b>Community Living Supports – Non-Overnight</b> - Total Weekly Units: _____		Non – Overnights
→ Community Access Supports <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → Employment Access <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____	<input type="checkbox"/>	
<b>Respite Supports</b>		
→ Community Access <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → Hourly Respite <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → 24 hour/daily Respite <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ - <input type="checkbox"/> in own Home - <input type="checkbox"/> in Respite Home		
<b>Home Care</b>		
→ Personal Care <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → Meals <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → House Work <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____ → Sibling Care <input type="checkbox"/> Yes <input type="checkbox"/> No    Total Units: _____		
<b>Transition Services</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

❖ **Units = how many hours you are requesting**

### URGENCY RATING SCALE

<b>High</b>	<u>Time sensitive</u> (I.E. Homeless/or about to be homeless; family breakdown, need immediate respite, etc.)	<input type="checkbox"/>
<b>Moderate</b>	<u>Less urgency</u> , (I.E. Currently working on some changes for breakdown, to transition into new services, plan respite, etc.)	<input type="checkbox"/>
<b>Low</b>	<u>Low Priority</u> , (Current situation is stable, looking for planned out transition into new services)	<input type="checkbox"/>

### GENERAL INFORMATION OF THE PERSON REQUIRING SERVICES

Who is the Person applying for Services? General information about their disability. Please include what the applicant requires for supports, their basic needs and level of understanding, etc.

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