Life Empowerment Inc.Initial Contact and Request for Services

Unit-E, 5002 – 54th Street Barrhead, Alberta T7N 0M8

Email: admin@LifeEmpowerment.ca Fax: 780-674-6886

Phone: 780-674-7664

GENERAL	INFORMATION	/ CONTACT	INFORMATION	ΩN
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Name			Date of Birth				
Address			Phone Numb	er			
Legal Status	Minor	Child □	Independer	nt Adult 🗆	De	pendent Ad	ult 🗆
Cultural Background			Religious Pro	eference			
Social Insurance No.			Alberta Healt	th Care No			
Other Health Care No.			Personal Ide			lale □	Female □
Height	Weight		Eye Color		Hai	r Color	
Identifying Marks				Picture	Included	Yes [□ No □
Emergency Contact(s)							
Personal Contacts							
Parent/Next of Kin		Home Ph.	V	Vork Ph.		Cell Ph.	
Address					Email		
Parent/Next of Kin		Home Ph.	V	Vork Ph.		Cell Ph.	
Address					Email		
Guardian		Home Ph.	V	Vork Ph.		Cell Ph.	
Address					Email		
Trustee		Home Ph.	V	Vork Ph.		Cell Ph.	
Address					Email		

PURPOSE OF THE REFERRAL: (SERVICES REQUESTED)

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Financial Status: ch	neck all that apply		
AISH □	Employment □	Insurance □	Other □
Additional Comments	:		



→ →	Overnight this support is a 24/7 pr Employment Access School School: On-Overnight - Total Weekly Units Community Access Supports Employment Access Community Access Hourly Respite 24 hour/daily Respite	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No	Community Access Supports. Total Units: Total Units: Total Units: Total Units:	Choose the approcess of the community Living \$\frac{3}{24/7}\$ Non – Overni	Supports
→ Supports – No → → own Home	Employment Access School School: On-Overnight - Total Weekly Units Community Access Supports Employment Access Community Access Hourly Respite	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No	Supports. Total Units: Total Units: Total Units:	Community Living \$ 24/7 Non – Overni	Supports
→ → → own Home	School School: School: On-Overnight - Total Weekly Units Community Access Supports Employment Access Community Access Hourly Respite	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	Total Units:	Non – Overni	ghts
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→ → → own Home	Community Access Supports Employment Access Community Access Hourly Respite	☐ Yes☐ Yes☐ Yes☐	□ No			ights
→ own Home	Employment Access Community Access Hourly Respite	☐ Yes	□ No			
→ own Home	Hourly Respite		□ No			
→ own Home	Hourly Respite		□ No			
	, '	□ Yes □ Yes	\square No	Total Units: Total Units: Total Units:		
→ → →	Personal Care Meals House Work Sibling Care	☐ Yes ☐ Yes	□ No □ No	Total Units: Total Units:		
Yes □	No □					
SCALE						
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					ian respite, etc.)	
n applying fo	r Services? General informa	tion about t		•	ude what the	
	S SCALE me sensitive (I ss urgency, (I. W Priority, (Cu IATION OF T n applying fo	→ Meals → House Work → Sibling Care Yes □ No □ w many hours you are requesting SCALE me sensitive (I.E. Homeless/or about to be homeless ss urgency, (I.E. Currently working on some change w Priority, (Current situation is stable, looking for plantation) IATION OF THE PERSON REQUIRING SEF n applying for Services? General informa	→ Meals → House Work → Sibling Care Yes Yes → Sibling Care Yes Yes Yes Yes Yes Yes Yes Y	→ Meals → House Work → Sibling Care Yes □ No Yes □ No Yes □ No Yes □ No We many hours you are requesting SCALE Me sensitive (I.E. Homeless/or about to be homeless; family breakdown, needs as urgency, (I.E. Currently working on some changes for breakdown, to transity Priority, (Current situation is stable, looking for planned out transition into needs applying for Services? General information about their discontinuous applying for Services? General information about their discontinuous applying for Services? General information about their discontinuous applying for Services?	→ Meals → House Work → Sibling Care Yes □ No Total Units: □ Yes □ No Total	→ Meals → House Work → Sibling Care Yes No Total Units: → Sibling Care Yes No Total Units: Yes No Total Units: We many hours you are requesting SCALE Me sensitive (I.E. Homeless/or about to be homeless; family breakdown, need immediate respite, etc.) SS urgency, (I.E. Currently working on some changes for breakdown, to transition into new services, plan respite, etc.) We Priority, (Current situation is stable, looking for planned out transition into new services) MATION OF THE PERSON REQUIRING SERVICES In applying for Services? General information about their disability. Please include what the



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