

RETURN TO ABOVE ADDRESS

**ALTERNATIVES COMMUNITY PROGRAM SERVICES  
APPLICATION FORM**

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOB: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

REASON FOR APPLICATION: (briefly describe your disability and your goals, use the back if necessary...A support worker will discuss appropriate program referrals during intake.)

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**CURRENT COMMUNITY INVOLVEMENT: (check all appropriate boxes)**

Attending School \_\_\_\_\_  
(Identify school/teacher/grade)

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|---|--|
| <input type="checkbox"/> Tri County Community Supports Services             | <input type="checkbox"/> Adult Protective Services                 |
| <input type="checkbox"/> ODSP Income Supports                               | <input type="checkbox"/> ODSP Employment Supports                  |
| <input type="checkbox"/> Peterborough Communication Support Services (PCSS) | <input type="checkbox"/> Community Living Peterborough             |
| <input type="checkbox"/> Canadian Mental Health Association                 | <input type="checkbox"/> Family Home Program                       |
| <input type="checkbox"/> Kinark   | <input type="checkbox"/> Kawartha Participation Projects           |
| <input type="checkbox"/> John Howard Society                                | <input type="checkbox"/> Parole and Probation Services             |
| <input type="checkbox"/> Community Counseling and Resource Centre           | <input type="checkbox"/> Four Cast                                 |
| <input type="checkbox"/> Central East Community Care Access Centre          | <input type="checkbox"/> Down Syndrome Association of Peterborough |
| <input type="checkbox"/> Children's Aid Society                             | <input type="checkbox"/> C.O.T.A. Residential Services             |
| <input type="checkbox"/> Five Counties Children's Centre                    | <input type="checkbox"/> Children's Case Coordination              |
| <input type="checkbox"/> Christian Horizons                                 | <input type="checkbox"/> Other (specify) _____                     |

Describe the type of supports/service being received from the agency(s) listed above along with the name of the contact/ support person  
(List on back if necessary)

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Applicant or Guardian: \_\_\_\_\_  
(print name) (signature)