



**ALTERNATIVES COMMUNITY PROGRAM SERVICES
APPLICATION FORM**
www.alternativescommunityprogramservices.ca

NAME: _____ (First) _____ (Last)

ADDRESS: _____ POSTAL CODE: _____

PHONE # _____ CELL NUMBER: _____

EMAIL: _____

DATE OF BIRTH: _____ DATE OF APPLICATION: _____

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 Meeting.)

Diagnosis: _____

CURRENT COMMUNITY INVOLVEMENT: (check all appropriate boxes)

Attending School (Identify School/Teacher Name/Grade)	
Tri County Community Support Services	Kawartha Participation Projects
Adult Protective Services	John Howard Society
Peterborough Communication Support Services (PCSS)	Parole and Probation Services
Community Living Peterborough	Four Cast
Canadian Mental Health Association	Down Syndrome Association of Peterborough
Community Counseling and Resource Centre	COTA Residential
Central East Community Care Access Centre	Children's Case Coordination
Children's Aid Society	Christian Horizons
Five Counties Children's Centre	ODSP-Income Supports
Home Share Program	ODSP-Employment Supports
Kinark	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)

Applicant or Guardian: _____ (print name) _____ (signature)

If you have any questions call 705-742-0806
Please return application to the school attending OR Mail to 160 Charlotte Street, Suite 102, Peterborough, ON K9J 2T8