

**Eligibility and Intake Process**

- Complete this application and submit with all supporting documentation by email ([mail@clps.ca](mailto:mail@clps.ca)), fax (705-746-6151), or by mailing/dropping it off at 38 Joseph Street, Parry Sound, ON, P2A 2G5
- You will receive written documentation indicating whether or not your child meets the eligibility criteria
- If eligible, you will be contacted by the Supervisor of Family & Youth Services to discuss services and complete intake
- You will be matched to a Community Inclusion & Support Facilitator for your requested supports

\*For youth 16-18 years old, we can support you to apply to Developmental Services Ontario to determine eligibility\*

---

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 # Street City Province Postal Code

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Supporting Documentation Required to Determine Eligibility:

**0-11 Years Old** – Please provide a Psychological or Psychoeducational Assessment **OR** 2 of the 3 documents listed below:

- Copy of a recent assessment     Letter from medical doctor     CLPS Proof of Disability form

**12-15 Years Old** – Please provide a Psychological or Psychoeducational Assessment

- Psychological Assessment     Psycho-Educational Assessment

**16-18 Years Old** – We can support you to apply to Developmental Services Ontario to determine eligibility. The Supervisor of Family & Youth Services will discuss process and required documentation.

Is your child currently attending school?  Yes  No

Name of school: \_\_\_\_\_

Please list any other children/youth services your child is currently receiving and the contact person's name (if none, please write N/A):

- \_\_\_\_\_
- \_\_\_\_\_

Referral Source Name (if applicable): \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check off the supports that you are interested in:**

- Supports with Funding Application (eg, Children's Respite, Special Services at Home, Assistance for Children with Severe Disabilities, Autism Funding)
- Supports in School (eg, Advocacy, Navigating School System)
- Supports with Community-based Sports and Recreation
- Supports with Employment and/or Volunteering
- Life Skills & Home Planning for Youth
- Other: \_\_\_\_\_

<b>OFFICE USE ONLY</b> ___ Family & Youth Services ___ Children's Respite Services ___ LINC Employment
---

By signing this, I give consent for this information to be shared from the above-listed Referral Source and within Community Living Parry Sound for the purposes of determining eligibility.

\_\_\_\_\_  
Signature of Child/Youth (over 12 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manger of Individualized Services

\_\_\_\_\_  
Date