

PERSONAL INFORMATION	
Name of Person Being Referred:	Date of Birth: (Day, month, year)
Address:	
Postal Code:	Telephone #:
Emergency Contact:	Telephone #:
Allergies:	
Psychiatric History: Have you been diagnosed with a mental illness? If yes: Primary Diagnosis: Secondary Diagnosis (if applicable) Other Diagnosis:	
Addictions: Do you have any addictions issues? Please describe:	
List Programs Client will be attending/registering in: • •	
Does this Client require special accommodations (i.e. Hearing, mobility) If yes, please specify.	
Is there any involvement with the legal system or behavioural issues that put risk to self or others? If yes, please describe.	
REFERENT INFORMATION	
Name of Referent:	
Agency:	
Phone Number:	

AUTHORIZATION

The applicant is aware and has given consent to submitting this document.

I, \_\_\_\_\_ wish to be considered for services provided by Alpha Court.  
(Print Name)

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*\* Please note: the Day Program does not have the staff resources to provide 1:1 support to participants. If people require this level of care, support staff will need to accompany and support the participants at the program.



Alpha Court Day Program  
Consent Form

Alpha Court Day Program must assure their participants are safe and have access to care when required. In order for us to effectively provide program support that meets your needs and enables you to safely participate in all programs offered; we require your consent with the following:

- To contact your emergency contact in the event of an emergency while at the Alpha Court Day Program
- Disclose to or obtain information from referent relating to your involvement with Alpha Court Day Program.

The Staff of Alpha Court Day Program are skilled professionals who combine educational qualifications with field experiences. All staff adheres to the code of ethics of their professional organization and/or the Ontario College of Social Workers and Social Service Workers Code of Ethics as the standard for professional behaviour.

Contact information:

Name	Relationship	Contact Information
1.		
2.		
3.		

I, \_\_\_\_\_ understand this information that has been presented. I have had an opportunity to have questions answered regarding my consent for the above items. I hereby authorize the staff of Alpha Court Day Program to contact my provided emergency contact in the event of an emergency and to disclose or obtain information from referent relating to my involvement with Alpha Court Day Program.

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



ALPHA COURT DAY PROGRAM

CLIENT REGISTRATION FORM

Are you Aboriginal?											
Gender											
Have you been in hospital for mental health reasons in the past year?	If yes, please state when.										
Living Arrangements	Self Parents Spouse / Partner Children Relatives Non-Relatives										
Income Source	<table border="0"> <tr> <td>Employment</td> <td>Family</td> </tr> <tr> <td>Employment Insurance</td> <td>Disability Assistance</td> </tr> <tr> <td>Pension</td> <td>No Source of Income</td> </tr> <tr> <td>ODSP</td> <td>Other</td> </tr> <tr> <td>Social Assistance</td> <td></td> </tr> </table>	Employment	Family	Employment Insurance	Disability Assistance	Pension	No Source of Income	ODSP	Other	Social Assistance	
Employment	Family										
Employment Insurance	Disability Assistance										
Pension	No Source of Income										
ODSP	Other										
Social Assistance											
Type of Housing	Non-Profit Market Rent Homes for Special Care Alpha Court Other										
What is your highest level of education?											
Are you in school now?											
Are you working now?											
Are you on a Community Treatment Order?											
Any issues with your physical health? If yes, what are they? (Diabetes, Cardiovascular Issues, Thyroid)											

