



# Family Information Form

Extend-A-Family is funded by the Ontario Ministry of Children & Youth Services to provide support to children and youth, 18 and younger, who live in the City of Toronto and have a developmental disability.

**All information is confidential.** Date of Application \_\_\_\_\_

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

School (if applicable): \_\_\_\_\_

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

Cell ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home (if applicable) ( ) \_\_\_\_\_

Email \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

Closest Major Intersection \_\_\_\_\_

Name(s) of Parent/Guardian residing outside family home \_\_\_\_\_

How did you learn about Extend-A-Family? \_\_\_\_\_

In order for us to co-ordinate effective support for your child, what is your coordinating or lead agency, if you have one? \_\_\_\_\_

List any other organizations with which you are involved. \_\_\_\_\_

What does your son or daughter enjoy doing? \_\_\_\_\_

When getting together with family or friends, what do you enjoy doing together? \_\_\_\_\_

What connections does your son or daughter have in his/her community or neighbourhood currently?  
E.g. Brownies, swimming.

What community/neighbourhood connections would you like Extend-A-Family to help you develop?

What is the primary language and method of communication used by your son or daughter?

\_\_\_\_\_

Please list any activities your son or daughter require assistance with? \_\_\_\_\_

\_\_\_\_\_

Optional - Are there any health/diet/allergy considerations? \_\_\_\_\_

Optional - Are there any religious or cultural considerations you wish to share? \_\_\_\_\_

Is there any other information that you wish to share? \_\_\_\_\_

\_\_\_\_\_

Did you speak with an Extend-A-Family staff member prior to submitting this application? \_\_\_\_\_

If yes, who did you speak with? \_\_\_\_\_

In consideration for those who may be meeting with you in your home, we are asking:

Does anyone in your home smoke? \_\_\_\_\_ Do you have any pets? \_\_\_\_\_

Please list all other people living in your home (not listed on page 1).

Name	Relationship to child	Year of birth (if under 18)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Police Reference Checks** are required for everyone 18 years of age and over living in your home. Please complete the attached form(s). The cost of the Police Reference Checks will be paid by Extend-A-Family. This can take up to 8 weeks.

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