



Family Information Form

Extend-A-Family is funded by the Ontario Ministry of Children Community & Social 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 of Parent/Guardian _____

Cell (____) _____ Home (____) _____

Email _____

Complete Mailing Address _____

Closest Major Intersection _____

Name of 2nd Parent/Guardian _____

Cell (____) _____ Home (____) _____

Email _____

Please indicate if Parent/Guardian #2 is residing outside of the family home (i.e. separated/divorced*)

Yes No

If Yes, Complete Mailing Address _____

*In the case of separated or divorced parents, each Parent/Guardian who has decision-making authority has consent to services being provided to the Child. We may ask for copies of your custody agreement or order.

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 _____

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.

Extend-A-Family Contact Person: _____

www.extendafamily.ca, info@extendafamily.ca,

Phone 416-484-1317, Fax 416-484-1589

Mailing Address 200-3300 Yonge St., Toronto, ON, M4N 2L6