



**Radius Community Centre  
Youth Companion Program  
Application Form**

**Youth Applicant**

Name \_\_\_\_\_ Age: \_\_\_\_\_

Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Postal Code \_\_\_\_\_ Hospitalization # \_\_\_\_\_

**Parents and/or Guardians**

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Youth currently lives with:

- |              |                          |            |                          |
|--------------|--------------------------|------------|--------------------------|
| Both Parents | <input type="checkbox"/> | Group home | <input type="checkbox"/> |
| Mother       | <input type="checkbox"/> | Other      | <input type="checkbox"/> |
| Father       | <input type="checkbox"/> | Guardian   | <input type="checkbox"/> |

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Educational Information**

Saskatoon Public

Saskatoon Catholic

Other

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

Teacher \_\_\_\_\_

Teacher Associate \_\_\_\_\_

Grade/Program \_\_\_\_\_

Other school staff, agencies or counselors involved with the youth and family?

\_\_\_\_\_  
\_\_\_\_\_

Community Living Division Worker - Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Advocate – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Diagnosis**

What is your youth’s specific diagnosis?

\_\_\_\_\_  
\_\_\_\_\_

Please share with us information about your youth’s diagnosis that might be helpful for program planning

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health**

Does your youth receive any medications? How are they administered? How often?

*(Please specify clearly)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your youth have any allergies \_\_\_\_\_

\_\_\_\_\_

Does your youth have any special diet requirements? \_\_\_\_\_

\_\_\_\_\_

Does your youth have seizures? Yes  No

If yes please answer the following:

Type of seizures \_\_\_\_\_

Date of last seizure \_\_\_\_\_

Please describe indicators of pre-seizure and additional comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your youth have any other medical conditions that staff should to be aware of?

Please describe the condition(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Communication**

How does your youth communicate? (i.e. verbal, sign, gestures, body language, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please describe the best way to communicate with your youth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe how your youth expresses their thoughts, feelings and needs through their actions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your youth express themselves when they are frustrated or in a stressful situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How do you support your youth when they do become upset? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your youth currently display any inappropriate sexual or verbal or physical aggressive behavior? Yes  No  (i.e. self harm, hits or bites others, touches self or others breasts or genitals)

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify any situation that appears to trigger aggressive episodes or inappropriate behaviors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What strategies are effective in minimizing aggressive or inappropriate behaviors?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your youth interact with others in:  
One-on-one situations? \_\_\_\_\_  
A group situation? \_\_\_\_\_

**Likes and Interests**

What are some of your youth's likes and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of your youth's dislikes? \_\_\_\_\_  
\_\_\_\_\_

Describe your youth's personality, general attitude and motivation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name friends/family members that your youth may want to visit or do activities with:  
Friend's name                      Contact information                      Details about the relationship  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recreation and Leisure Activities**—what social or recreational activities is your youth involved in? Does he/she require encouragement to become involved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Care Needs**

Does your youth require personal care while toileting?    Yes  No   
If so explain \_\_\_\_\_  
\_\_\_\_\_

Does your female youth require assistance when menstruating?    Yes  No   
If so explain \_\_\_\_\_  
\_\_\_\_\_

In order for your youth to feel respected and dignified how might we support that to happen with respect to personal care? (i.e. explain how to properly assist with toileting,

changing clothes, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eating**

Eats independently  Requires some help  Needs assistance

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your youth's favorite foods or food he/she really enjoys?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sleep and Rest**

Does your youth require rest periods throughout the day? Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**Specific Support Needs**

Does your youth require one-on-one support? Yes  No

Does your youth prefer a male or female companion? Male  Female  Either

**Physical Supports**

What are your youth's mobility support needs? My youth is:  
Mobile  Uses a wheelchair  Uses a walker

Are there any aids that are used to assist with your youth's mobility? How can companions assist with regards to your youth's mobility?

Eyesight: Good  Short sighted  Far sighted  No depth perception

Sees only shadows  Colour blind  Legally blind  Wears glasses

Comments: \_\_\_\_\_

Hearing: Good  Hard of hearing  Deaf

Comments: \_\_\_\_\_

Does your youth wander or run away? Yes  No

Explain: \_\_\_\_\_

**Support Requirements**

If you are interested in having a companion for your youth please specify the days and dates needed:

	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Specifics: \_\_\_\_\_

Please list any specific dates that you are NOT in need of a companion \_\_\_\_\_

Please list the amount you will pay a companion on an hourly basis:

\$ \_\_\_\_\_

Are you connected with or have information on the Cognitive Disability Strategy to assist with companion funding?

Yes  No

I \_\_\_\_\_ authorize Radius Community Centre's  
(Please print, parent/guardian or participant if 18 years of age or older)

Youth Companion Program to obtain and/or release relevant personal and confidential information with agencies (listed below):

- My (or my youth's) school  
 Ministry of Social Services  
 Member agencies of the Community Integration Service Advisory Committee  
 Other relevant community agencies:

List: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian/individual (if over 18 years of age)

Should you have any questions regarding this application form please contact the Youth Companion Coordinator at 665-0362 and/or [ycp.radius@sasktel.net](mailto:ycp.radius@sasktel.net).

Thank you and we look forward to your families' participation in the Youth Companion Program!