



**Communication Assistance for Youth and Adults**

Suite 216-1750 West 75<sup>th</sup> Avenue Vancouver, B.C., Canada V6P 6G2  
 Phone: 604 261-9450 Fax: 604 266-2463 www.cayabc.org

**Request for Service**

(February 1, 2010)

<b>CAYA USE ONLY : Date Received _____ Initials: _____</b>
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**1. APPLICANT INFORMATION**

<b>Personal Information:</b> Surname: _____ Given Name(s): _____ Birth date (yy/mm/dd): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Personal Health Number: _____	<b>Please check appropriate health authority:</b> <input type="checkbox"/> Northern Health Authority <input type="checkbox"/> Interior Health Authority <input type="checkbox"/> Vancouver Island Health Authority <input type="checkbox"/> Vancouver Coastal Health Authority <input type="checkbox"/> Fraser Health Authority
<b>Home/Group Home address (mailing address):</b> Address: _____ City: _____ Province: _____ Postal Code: _____ Tel: _____ Fax: _____ Email: _____	<b>Funding Agency if Applicable:</b> <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> Other _____ Claim Number: _____ Representative: _____

<b>School Information if Applicable</b> Name of School: _____ School District & Number: _____ Key School Contact: Name: _____ Tel: _____ Email: _____	
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**2. APPLICANT STATUS INFORMATION**

<b>Disability Diagnosis:</b>  <b>Describe the applicant's current communication skills:</b>	<b>What is the goal for this request?</b>
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**3. SERVICES RECEIVED FROM OTHER AGENCIES**

<b>Speech/Language Services:</b> Name: _____ Agency: _____ Phone: _____ Date: _____	<b>Physical/Occupational Therapy:</b> Name: _____ Agency: _____ Phone: _____ Date: _____	<b>Other &gt;&gt; Specify: _____</b> Name: _____ Agency: _____ Phone: _____ Date: _____
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**4. PARENT/GUARDIAN/GROUP HOME INFORMATION**

<b>Parent/Guardian Name &amp; Address (if different from above):</b> Name: _____ Relationship: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Tel (home): _____ Tel (work): _____ Email: _____	<b>Group Home Contact/Associate Family Name &amp; Address: (If Applicable):</b> Name: _____ Group Home: _____ Address: _____ City: _____ Province: _____ Postal Code: _____ Tel (home): _____ Tel (work): _____ Email: _____
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In response to funding initiatives by the governments of Canada and British Columbia, CAYA Clients may benefit from access to funding through EATI (Employment Assistive Technology Initiative). In order to access these funds, please state your long term goals for employment and/or volunteerism. If you have questions about what kinds of goals are appropriate for people with complex communication difficulties, please check what people are currently doing in this list: [www.cayabc.org/goal-ideas.pdf](http://www.cayabc.org/goal-ideas.pdf)

**What things do you wish to do in your home or community related to employment and/or volunteering?**

**What is stopping you from doing these things?**

**What do you think you need to help you do these things?**



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## Request for Service - Page 3

### AUTHORIZATION FOR RELEASE OF INFORMATION

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I, \_\_\_\_\_, hereby authorize CAYA and/or its representatives to release to or obtain from such agencies, individuals, provincial resource programs, medical centres, or hospitals any and all pertinent information which may be necessary to assist in providing me (the client) with communication assistance services.

I understand that all such information will be treated as confidential and privileged, and used only for the purpose of providing communication assistance.

I am nineteen years of age or older, or I am in my last semester of high school.

Signed: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_  
(signature)

Relationship:  applicant,  parent,  guardian,  representative,  other \_\_\_\_\_

Signed on the \_\_\_\_ day of (month) \_\_\_\_\_ 20 \_\_\_\_.

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
(signature) Address: \_\_\_\_\_

If the applicant is unable to sign, a second witness is required.

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
(signature) Address: \_\_\_\_\_

**Please identify any communication equipment currently in the possession of the applicant.**

**Please provide any other information which could be of assistance to CAYA in providing service. Attach additional pages if more space is required.**

**Important: Please return this signed form to CAYA**