

FRIENDLY VISITING CLIENT APPLICATION



DATE:	FULL NAME:
DATE OF BIRTH (M/D/Y):	HOME PHONE:
CELL PHONE:	FULL ADDRESS:
DRIVING INSTRUCTIONS:	HOUSEHOLD ACCESS (FRONT/ BACK/ SIDE- DOOR/ STAIRS/RING BELL/ WINTER ACCESS/ SHOVELING:
REASON FOR INQUIRING ABOUT HAVING OR BEING A FRIENDLY VISITOR:	
<p>TELL US A FEW THINGS ABOUT YOURSELF (This information will help when trying to find the most suitable match for you)</p> <ul style="list-style-type: none"> Your likes, dislikes, any pets and activities you enjoy etc. 	
<p>ANY TYPE OF ACCESSIBILITY AIDS? (PLEASE CIRCLE IF APPLICABLE)</p> <p style="text-align: center;">Walker</p> <p style="text-align: center;">Cane</p> <p style="text-align: center;">Wheelchair</p> <p style="text-align: center;">Hearing aids</p> <p style="text-align: center;">Other:</p>	<p>EMERGENCY CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)</p> <p>NAME:</p> <p>RELATIONSHIP:</p> <p>FULL ADDRESS:</p> <p>PHONE NUMBER:</p> <p>EMAIL:</p>

PLEASE RETURN TO:
WEST PARRY SOUND DISTRICT COMMUNITY SUPPORT SERVICES, 21 BELVEDERE AVE, PARRY SOUND, ONTARIO,
P2A 2A2
TELEPHONE: 705-746-5602 ex. 2
E-MAIL: COORDINATOR@CSSSWEST.CA