



# 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 \_\_\_\_\_

Pronoun  He/Him  She/Her  They/Them  Other (please specify) \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_

Pronoun  He/Him  She/Her  They/Them  Other (please specify) \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

Name of 2<sup>nd</sup> Parent/Guardian \_\_\_\_\_

Pronoun:  He/Him  She/Her  They/Them  Other (please specify) \_\_\_\_\_

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? \_\_\_\_\_

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

What does your loved one enjoy doing? \_\_\_\_\_

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

What connections does your loved one have in their 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 loved one?  
\_\_\_\_\_

Please list any activities your loved one 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

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