



655 King Street, Bridgewater NS B4V 1B5
902-543-1189

theark@ns.sympatico.ca

www.thearkbridgewater.org

PARTICIPANT APPLICATION PACKAGE

The Ark

The Ark is an organization founded to provide day programs for persons with various disabilities. These challenges may be of a mental, physical, emotional or of social nature.

Programs at the Ark have traditionally been focused on vocational training and activities. These activities make an essential financial contribution to the operation of the facility. All the participants are expected to participate in these revenue generating activities to the extent that their abilities allow.

The Ark provides opportunities to participate in recreational, social, and educational programs. Participants are given choices within programs and are encouraged to advocate on their own behalf by participating in the program planning process. The Ark attempts to provide well rounded programs that meet the goals set forth in its mission statement.

Mission:

To provide programs for persons with special challenges in an environment that fosters happiness through increased wellness and ever more fully realized citizenship in the larger community.

Please return completed application to The Ark by mail, email or simply drop it off. Email. theark.tab@ns.sympatico.ca or theark@ns.sympatico.ca

Criteria for Acceptance to Ark Programs

1. Individuals may apply to The Ark by personal application or by referral by an appropriate advocate or agency. Applications may be forwarded to the Program Coordinator or the Manager.
2. Applicants must be eighteen years of age or older by December 31 of the admission year except when participating in special school to work transition programs in conjunction with the South Shore Regional School Board.
3. Applicants may include individuals who are not reaching their full potential in society due to a mental, physical, emotional or social challenge.
4. Applicants must submit application forms and other documentation as requested before they will be considered. Any information submitted will be treated as confidential within the parameters of The Ark Confidentiality Policy.
5. Applicants must be willing to take direction from Ark staff by following advice aimed at meeting individual goals which provide benefits through education, recreational and social programs. Applicants should be capable of providing basic self-care but others will be considered if the appropriate supports can be secured from sources outside the Ark.
6. Applicants are responsible for their own transportation.
7. Applicants and their parent, guardian, or advocate will be interviewed by Ark staff following the submission of the application form.
8. The decision to accept an applicant will be made jointly by the Manager, Program Coordinator and only after consultation with the staff to ensure that an adequate level of service can be provided.
9. Applicants should be advised that from time to time a waiting list exists due to the numbers of clients requesting services.
10. New applicants are placed on a probationary period of three months in order to assess whether the person can be provided with services adequate to their needs.
11. Under special circumstances applicants may be accepted for short term placement.
12. Applicants who are denied admission may apply in writing to The Ark/LCASC Board of Directors for reconsideration of their application within twenty days of the receipt of their letter of refusal. Such reconsideration by The Ark/LCASC Board of Directors will be final and binding.

APPLICATION TO PROGRAMS

Please complete the following forms and return them to the Program Coordinator or Manager. This preliminary information will be used to determine the suitability of the applicant for Ark programs. If accepted, the applicant will be assessed further to determine the full extent of their needs and abilities. If you have questions regarding this application, please direct them to the Program Coordinator or Manager at 543-1189.

1. Personal Information:

Applicant

Date _____

Name in Full:			
Civic No:		P.O.Box:	RR#
Street:			
Community:		Prov : NS	Postal :
Home Phone:	() -	Cell Phone: ()	-
Date of Birth:	(dd/mm/yyyy)	SIN:	

Parent /Guardian/ Advocate

Name in Full:			
Civic No:		P.O.Box:	RR#
Street:			
Community:		Prov : NS	Postal :
Home Phone:	() -	Cell Phone: ()	-
Relationship to Applicant:			

Next of Kin

Name in Full:			
Relationship:			
Home Phone: () -	Cell Phone: ()		

Emergency Contact

Name

Phone Number

Living Arrangements

With whom does the applicant reside?

- Private Home
- Group Home
- Foster Home
- Supervised Apartments
- Unsupervised Living
- Other

What type of transportation could the applicant access if he/she were accepted into Ark programs? *Please provide details.*

Medical Data / Physical and Mental Health

Family Doctor:		Phone No:	
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Does the applicant have any health problems which would prevent or limit participation in Ark programs?

Yes ____ No ____

If yes, please provide details of the health issue and how the condition would limit the applicant from participating in work related programs or employment.

Does the applicant have any physical disability that would limit participation in work related programs?

Yes ____ No ____

If yes, please provide details of the physical disability and how it may limit the applicant's ability to participate in programs or employment.

Has the applicant been diagnosed with any mental health condition that would limit participation in work related programs or employment? Yes ____ No ____

If yes, please provide details of how the condition may limit or affect the applicant's ability to participate in work related programs or employment and please indicate any support required.

Is the applicant currently prescribed medications? Yes ____ No ____

If yes, please list all medications and how they may or may not affect the applicant's ability to participate in work related programs or employment

Does the applicant have a health card number? Yes ____ No ____

If yes, please provide: _____.

The Ark is a training program that offers its participants the opportunity to learn use various forms of power tools and other equipment. Does the applicant / guardian or doctor have any objections to being introduced to the use of this equipment through supervised instruction and later to partially supervised use in production activities? Yes ____ No ____

If yes, please state the reason?

References

Applicants are asked to submit the names of two personal references.

Name Telephone Number

Address

Name Telephone Number

Address

If the applicant has been previously employed, please list the name of at least one employer that can be used as a reference.

Name Telephone Number

Address

2. PROGRAM INFORMATION

Vocational Interest / Motivation

Why is the applicant applying to this center?

Please describe the applicant’s career or personal goals.

Life Situations

Does the applicant have any source of income?
(EI, CPP, WCB, Disability, Insurance, Government Assistance)

Yes ____ . No ____ .

If “Yes” please give Details:

I certify that I am not receiving any benefits or funding from the programs mentioned above.

Signature: _____

Has the applicant ever been convicted of a criminal offense, which would restrict the type of training or employment he/she could be involved in?

Yes ____ No ____

If yes, please provide details.

Are there any current personal situations in the applicant's life which may affect his/her ability to participate in Ark programs?

Yes ____ No ____

If yes, please provide details.

Education / Training

Please describe the applicant's academic achievements. (e.g. last grade completed in the public school system and please provide type of program, academic, special education, etc.)

If applicable what circumstances prohibited completion of schooling?

Please name any other training programs the applicant has participated in.

Does the applicant read and or write? Yes ____ No ____

Does the applicant understand and perform basic math functions? Yes ____ No ____

Does the applicant tell time? Yes ____ No ____

Does the applicant use the telephone properly and appropriately? Yes ____ No ____

Did the applicant encounter any problems (behavioral or academically) within the school system? Yes ____ No ____

If yes, please describe.

If yes, is there any documentation available (e.g. school records, testing, etc.) that would be useful during program planning?
If so, please provide or describe the results?

Has the applicant ever been given a vocational assessment?

Yes ____ No ____

If yes, please provide details.

Employment Experiences

Has the applicant has been previously employed or participated in paid or volunteer work placements?

Yes ____ No ____

If yes, please describe the details of each experience including duties, length of employment, and reason for leaving.

Briefly describe the applicant's work ethic. Is the applicant punctual, dependable, able to accept constructive instruction, show leadership, etc.?

Does the applicant have a social insurance number? Yes ____ No ____

If yes, please provide. _____

Daily Living Skills

Is the applicant able to take care of their basic personal needs? (e.g. toileting, washing, dressing, eating, etc.) Yes ____ No ____

If no, please provide details of areas where staff assistance is required, or areas where training may be helpful.

Does the applicant require supervision for personal safety reasons? (e.g., wandering off, stairs, use of kitchen) Yes ____ No ____

If yes, please provide detail of the level of supervision required.

Does the applicant currently have problems with alcohol, drug, or gambling addictions? Yes ____ No ____

Has the applicant had problems in the past with alcohol, drug, or gambling addictions? Yes ____ No ____

If yes to either of the above, has this affected the applicant's ability to work?

Yes ____ No ____

Has the applicant received help with this? Yes ____ No ____

If yes, please provide details of treatment.

Personal / Interpersonal

Does the applicant demonstrate any behaviors (self-abusive, disruptive, etc.) which would affect or limit participation in work related programs or employment?

Yes ____ No ____

If yes, please provide details.

Has the applicant demonstrated any interpersonal issues in the past that may affect their ability to participate in work related programs or employment (e.g., inappropriate interactions with co-workers or staff, inaccurate reporting or fabrication of the truth)?

Yes ____ No ____

If yes, please provide details.

Please provide details of any additional factors or supports required, not covered by the application, which would affect, limit the applicant's participation in Ark programs.

Social, Recreational, and Special Interest

Describe any social, recreational, or other special interests and talents that the applicant may want to enhance or bring to The Ark (e.g., music, sporting activities, etc.).

I hereby make application to The Ark an Adult Service Center which provides day programs for persons with special challenges and I have read and understand the criteria for acceptance included in this form.

I hereby give permission to the manager and staff of The Ark to obtain any relevant information and documents required to consider this application, and agree to be registered with LaMPSS (Labour Market Program Support System) that grants funding for organizations like the Ark so that we can provide programming for persons in need. The understanding that all is protected by the Confidentiality Policy of The Ark/ LCASC.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Signature of Advocate (if applicable)

Date