

Child and Youth with Special Needs Sponsored Services Request Form

This form is for the services on Pages 2 to 5 ONLY

Purpose: To ensure one of the following camps you may choose is suitable for your child. Also, to ensure equitable access for families to Children and Youth with Special Needs (CYSN) funded summer services.

Child's Name: _____

Today's Date: _____

Date Of Birth: _____ Age: _____

Gender: Male Female

Parent/Caregiver: _____

Phone: (H) _____ (W) _____

Address: _____

City: _____ Postal Code: _____

CYSN Eligibility: _____ yes _____ no CYSN Social Worker: _____

Child's Disability: _____

Does your child take medication that needs to be administered during program hours: Yes ___ No ___

Please check all of the following that apply:

My child needs assistance: _____ at mealtime _____ with toileting

_____ with communication _____ with social interaction

_____ coping with frustration (acting out) identifying things visually

_____ with mobility _____ other (please specify) _____

Please list type of mobility aid: (i.e. wheelchair, crutches, etc)

Additional Comments on how we can support your child's needs:

Please rank your preferences (1 being highest, 3 being lowest) for CYSN Sponsored Services ONLY from the following:

Desired Service:	Anticipated Dates:
_____ Phoenix Summer Fun (pg.3)	_____
_____ R.I.V.'s Summer Residential Camp Assistance (pg.4)	_____
_____ Sooke Summer Journeys (pg.5)	_____

Will or have you applied to any other summer services (ie camps, daycare, etc)?

Yes/No If so which ones and what dates?

Are there weeks when service is not required (eg. planned family vacation)?

Yes/No If yes when? _____

An electronic version of this form is available at: www.rivonline.org/forms Fill out and return it to us via the e-mail address below.

Return no later than May 1st, 2016 to:

Children and Youth with Special Needs
c/o Recreation Integration Victoria
Mail: 4135 Lambrick Way, Victoria, B.C., V8N 5R3
or fax: 250-477-6046 or e-mail: information@rivonline.org