

What is the process of the Inclusion Support Service?

Step 1: Complete and return the “Getting to Know You” form. There are several ways to do this:

- Email the completed form to the Inclusive Recreation Advisor at inclusionsupport@regina.ca.
- Return the completed form to the information desk at a City of Regina Recreation Facility (Fieldhouse, Lawson Aquatic Centre, Sandra Schmirler Leisure Centre, Northwest Leisure Centre, or Neil Balkwill Civic Arts Centre).
- Call 639-590-8895 to arrange for someone to help you fill out the form over phone.

Please note: This form can be submitted any time of the year. However, if you know a specific program you want to register in, and would like a Leisure Companion for that program, you must apply at least 3 weeks before the program start date. There are no guarantees that a companion will be available at the desired time.

Step 2: Once we receive your form, we will review it to see how we can help you. Everyone eligible will be contacted to meet for a Leisure Lifestyle Consultation. This process may take up to 2 weeks. All ineligible applicants will be contacted to inform or gain more information.

Eligibility: This service is available to those who experience disability or related barriers to leisure. Eligibility is based on individual needs and our ability to meet those needs.

This service does not include any personal care, feeding, or medication administration. If you wish to bring your own attendant to meet these needs (at no extra cost), please complete the [Attendant Admission Program form](#).

Step 3: Together, we will come up with a plan that best suits you, to get you engaged in recreation programs and provide the support you need!

GETTING TO KNOW YOU

General Information Section 1

Participant Name: _____

Pronouns (optional): _____

Date of Birth (day/month/year): _____

Address: _____

City: _____

Postal Code: _____

Phone number: _____

Email: _____

Emergency Contacts / Guardian Information (Guardian required for anyone under age 18) Section 2

<p>Primary Contact</p> <p>Name: _____</p> <p>Relation to participant: _____</p> <p>Primary phone number: _____</p> <p>Secondary phone number: _____</p> <p>Email: _____</p>	<p>Secondary Contact</p> <p>Name: _____</p> <p>Relation to participant: _____</p> <p>Primary phone number: _____</p> <p>Secondary phone number: _____</p> <p>Email: _____</p>
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Support Information – Please indicate the type of support you require.

Section 3

- I would like help finding and selecting programs that are right for me
- I would like a Leisure Companion (This could include one-on-one or group support, with adaptations, navigating, cueing, emotional, and/or social support). Select the type of support below:
 - Temporary support**
 - Someone to support me for the first few times until I am comfortable
 - Ongoing Support**
 - Someone to support me for a determined length of time (such as the full length of a program)
- I'm not sure what kind of support I need

If you chose "I would like a Leisure Companion" and have a specific program you'd like support in, fill in the information below. **We ask that this application is sent at least 3 weeks before the program start date.**

Program Name: _____

Program Number: _____

Start Date: _____

End Date: _____

Needs & Abilities Information – Check all items that best describe you currently.

Section 4

Personal Care

- I eat & drink independently
- I eat & drink with assistance
- I dress/change independently
- I dress/change with assistance
- I use the toilet independently (undress, use toilet, wipe, redress, wash hands)
- I use the toilet with assistance (need help with 1 or more steps of washroom use)

Communication

- I communicate needs/wants verbally
- I have limited verbal communication
- I use sign language
- I use some words with prompts
- I use a communication device (what kind of device?):
- I have a language barrier but can communicate in some English (what is your primary language?):
- I have a language barrier and require a translator (what is your primary language?):

How would you like to be communicated with?

Assistive devices

- I use a mobility device (example: wheelchair, walker) (what kind of device?):
- I use hearing aids
- I have a service animal
- I have an oxygen tank
- Other (specify):

Transportation - How will you be getting to recreation programs or activities?

- I will drive myself
- Family member or friend
- Taxi
- Public transit bus
- I am already registered with paratransit
- I would like help applying for paratransit (takes 2 weeks minimum to apply)
- Other (specify):

Additional Support Information – Please answer the following to your best ability

Section 5

1) Why do you want to access the Inclusion Support Service?

2) Are you involved with, or do you receive service from, any organizations in Regina (now, or previously)? Please list all organizations below.

3) What motivates you to participate in recreation activities / programs? (Example: fitness, meeting new people, finding new interests)

4) We'd like to know a bit more about you. Please answer the following:

Strengths – What are you good at? What do you enjoy?

Needs – What support do you need?

Safety – Do you have any safety concerns?

Other – Please tell us any other information that may help you have successful participation.

Privacy – In accordance with the City of Regina’s Customer Privacy Policy, the personal information collected on this form will be maintained by the Inclusion Support Service (ISS) and kept secure and confidential. If necessary, individuals under service contract with ISS may be given information for purposes relating to the provision of inclusion support. Anonymous information gathered from this process may be collected and analyzed by City of Regina administration to report on trends and research, to further improve service delivery. If you have any questions or concerns regarding your privacy, please contact the City’s Access to Information and Privacy Coordinator at 306-777-7070.

I _____ (Participant or Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I consent to the Inclusion Support Service using this information, information given through the Leisure Lifestyle Consultation, and the entire Inclusion Support process, in order to receive support from this service.

Signature:

Date:

Section for facility use only

Date received:

Received by – Facility Name:

Staff Name:

Date sent to ISS:

Inter-office Mail to: Inclusion Support Office, Core Ritchie Neighbourhood Centre

For ISS use only

Assessment completed by (name):

On (date):

Assessment attached? Yes No