## ACQUIRED BRAIN INJURY DAY PROGRAM REFERRAL FORM



| Serving with | Compassion, | Care and | Courage |
|--------------|-------------|----------|---------|
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| Call 519-824-6000 ext. | 4384 for | program | inquiries |
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## ACQUIRED BRAIN INJURY DAY PROGRAM ELIGIBILITY

| The Acquired Brain Injury Day program is for adults between the ages of 15 and 65 who have a brain injury that impairing their independence and ability to function in the community. Participants in the program enjoy goal-based activities, educational games and a hands-on approach to activities of daily living. Participants benefit from companionship, peer support, assistance with goals and community interaction. Cost is \$5 per day.   |                      |  |  |  |
|--|----------------------|--|--|--|
| <ul> <li>Eligibility criteria for the program is as follows:</li> <li>Applicant has a brain injury that was caused by events after birth</li> <li>Applicant is between the ages of 15 and 65</li> <li>Applicant does not require extensive 1:1 behavioural support</li> <li>Applicant does not require 2 person transfer support</li> <li>Applicant is able to feed themselves independently</li> <li>Applicant is capable of safely and successfully benefitting from the social recreational goals of the day program</li> </ul> |                      |  |  |  |
| APPLICANT INFORMATION  |                      |  |  |  |
| Name:  | Date of Birth:       |  |  |  |
| Address:   | HCN:                 |  |  |  |
| Contact Information (self and/or primary contact):   | Emergency Contact:   |  |  |  |
| Family Physician:  |                      |  |  |  |
| ABI and nature of injury:  |                      |  |  |  |
| Date of Injury:  |                      |  |  |  |
| Behavioural Concerns:  |                      |  |  |  |
| REFERRAL INFORMATION   |                      |  |  |  |
| Referral Source:   | Contact Information: |  |  |  |
| Reason for Referral:   |                      |  |  |  |
| Other Services and contact information (if applicable):  |                      |  |  |  |
| FAX TO 519-767-5194  |                      |  |  |  |