



St. Amant Autism Programs Family Application Checklist

This checklist is provided for your convenience.

Please review the following list to ensure that your application is complete and accurate.

- Complete the St. Amant Autism Programs application form pages 1 - 3.
- Verification of Diagnosis Form (page 4)
 - St. Amant Central Intake will send the Verification of Diagnosis Form to the diagnostician to have this completed. If your family would like for Central Intake to do so, please provide your consent by filling in the contact information for the diagnostician on the “Consent for Exchange of Information and Provision of Services” (page 5).
- Please ensure that you have a witness sign on page 5.
 - If your family would prefer to contact the diagnostician directly to complete the Verification of Diagnosis form, please contact Central Intake to get a copy of the form without the “SAMPLE” watermark.
- Attach a photocopy of your child’s birth certificate.
- Send the completed application form and required documents to:

Central Intake
St. Amant
440 chemin River Road
Winnipeg, Manitoba R2M 3Z9

In the absence of any of the requirements listed above, the application is not complete.

Upon receipt of your application, an individual from Central Intake will contact your family to ensure everything is complete.

If you have any questions or concerns, please do not hesitate to contact Central Intake at (204) 256-4301 extension 7041.



St. Amant Autism Programs

Early Learning Program Application Form

Date Received: _____
 Eligible: Yes No
 Ineligible Date: _____
 Intake Meeting: _____
 Start Date: _____

CHILD INFORMATION

Name: _____ Birth date:* _____ Male Female
(First) (Middle) (Last) (Day/Month/Year) (Please Circle)

Address: _____ Phone #: _____
(Street / City / Postal Code)

Personal MB Health #: _____ School division in which the child belongs: _____
(9 digit number)

*** Please attach a photocopy of the child's birth certificate.**

LEGAL GUARDIANS

Parents CFS Other Name: _____

Address: _____ Phone #: _____
(Street / City / Postal Code)

PRIMARY CAREGIVERS (When different than above)

Name: _____ Phone #: _____

Address: _____
(Street / City / Postal Code)

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Home Address: _____ Home Address: _____

Home Phone #: _____ Home Phone #: _____

Place of Work: _____ Place of Work: _____

Work Phone #: _____ Work Phone #: _____

Other Phone #: _____ Other Phone #: _____

Custodial Parent? Yes No Custodial Parent? Yes No

Married Common-Law Separated Divorced Single Widowed

In the case of joint custody, both parent signatures are required on Page 3.

In the case of sole custody, documentation must be provided to show evidence of such arrangement. Only the custodial parent signature is required on Page 3.

Are both custodial parents in agreement with the application? Yes No

ST.AMANT VALUES CULTURAL AWARENESS

It is optional to provide the following information on your family:

Cultural background: _____ Primary language: _____

Other languages spoken: _____

LANGUAGE PREFERENCE

In which of the two Canadian official languages would you prefer ABA services? English French

MEDICAL INFORMATION

Does anyone have allergies in your home? Yes No

If yes, please list allergens: _____

Please describe in detail any medication, vitamins, and/or special diet your child is currently receiving. If and when changes occur, the parent/legal guardian commits to immediately notify the St.Amant Autism Programs in writing.

Upon Application Date: _____

Intake Meeting Date: _____

*** DIAGNOSTIC INFORMATION**

Diagnosis: _____ Date Diagnosed: _____
(Day/Month/Year)

Name of professional who made the diagnosis: _____

Address of professional who made the diagnosis: _____

Does your child have any other diagnosis or medical concerns? Yes No

If yes, please explain:

*** Please attach the Verification of Diagnosis form.**

HOW DID YOU HEAR ABOUT THE ST.AMANT AUTISM PROGRAMS?

- Paediatrician Child Development Clinic
- Children's disABILITY Services (e.g., Family Services Worker)
- Clinician (e.g., Occupational Therapist, Speech and Language Pathologist, Physiotherapist)
- Family/Friend St.Amant's website Media (e.g., radio, advertisements, news)
- Other: _____

CURRENT SERVICES

Family Services Worker Name: _____ Phone #: _____

Does your child currently attend nursery school or day care? Yes No

Attendance schedule: _____

Nursery School/Day Care Name: _____

Address: _____ Phone #: _____
(Street / City / Postal Code)

Nursery School/Day Care Director Name: _____

Please indicate the services your child is currently receiving:

Type of Service	Yes	No	Administrative Use Only
ABA Therapy			
Occupational Therapy			
Physiotherapy			
Speech Therapy			
Child Development Counsellor			
HSC Autism Services			
Other (Please Specify)			

ST.AMANT AUTISM PROGRAMS AND AUTISM OUTREACH

If I have applied to both St.Amant Autism Programs and Autism Outreach, I understand that once my child begins receiving full service from one of the provincially funded programs (this does NOT include participation in the St.Amant Parent Support Model), he/she is no longer eligible to remain on the waitlist for the other program. For example, should Autism Outreach offer services to my child first, I can proceed with Autism Outreach and my child's name would be removed from the waitlist for the St.Amant Autism Programs. I may also choose to decline the services offered by Autism Outreach at that time, and maintain a position on the St.Amant Autism Programs waitlist. In order to ensure that both programs manage their respective waiting lists effectively, St.Amant Autism Programs and Autism Outreach will share all information regarding a family's decisions regarding choice of service.

I understand that St.Amant Autism Programs, Children's disABILITY Services (CdS), and Autism Outreach will share information regarding my child's status on each program's respective waitlists.

 Yes (initial) _____
SIGNATURES

* Father

* Mother

Legal Guardian's Relationship to Child (if not parent)

Legal Guardian's Relationship to Child (if not parent)

Date (Day/Month/Year)

Date (Day/Month/Year)



ST.AMANT AUTISM PROGRAMS

VERIFICATION OF DIAGNOSIS FORM

To be completed by a qualified paediatrician, psychologist, or psychiatrist.

Note: *To be eligible for the St. Amant Autism Programs, a child must be diagnosed with Autism Spectrum Disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition.*

CHILD INFORMATION

Name: _____ Birth date: _____ Male Female
(First) (Middle) (Last) (Day/Month/Year) (Please Circle)

Address: _____ Phone #: _____
(Street / City / Postal Code)

Manitoba Health Registration Number (6 digits): _____

Personal Health Identification Number (9 digits): _____

DIAGNOSTIC INFORMATION (Please Print)

Eligible Diagnosis: _____

Date of Diagnosis: _____

Name of Diagnostician: _____

Qualifications: _____

Address: _____

Phone number: _____

Fax number: _____

Signature: _____

Today's Date: _____

Administrative Use Only



**Autism Programs
CONSENT TO EXCHANGE INFORMATION**

NAME (Last, First)	
D.O.B. (dd/mmm/yyyy)	
PHIN #	

- I understand that some personal health information may need to be shared for the purpose of assessment, treatment, planning, developing programs and/or strategies that will benefit the individual or family.
- The Personal Health Information Act (PHIA) and the Protecting Children (Information Sharing) Act allows service providers to share information with other service providers without consent in certain circumstances. I understand that personal health information may be shared without my consent for the purpose of providing timely and necessary health care.
- I understand that personal health information is disclosed in order to act in the best interest of the person.
- I understand that only the minimum amount of information will be used or disclosed.
- I understand that person(s) not authorized under the Act(s) and who wish to receive information, or a copy of a report, are required to obtain consent from the individual or their authorized legal representative or legal guardian.
- St. Amant service providers are unable to agree to requests to withhold relevant personal health information from other St. Amant service providers involved in the person's care.
- This consent is valid for the duration of program participation. The legal decision maker may request changes to this consent at any time.

Please assist us by providing below the contact information of key individuals with whom information may be exchanged. Examples of key individuals who may be included are: physicians, case managers, day program, school, other clinicians, health professionals, etc.

Note that clinicians may exchange information with other service providers, as permitted by PHIA and professional codes of conduct, who are not listed below, unless instructed otherwise.

Name (please print)	Relationship	Agency	Address / Postal Code	Phone Number

See reverse to add more key individuals

The following are the list of individuals with whom I DO NOT want information shared:

NAME (please Print)	AGENCY (if applicable)

Print Name of Individual/Legal Representative

Print Name of Individual/Legal Representative

Signature of Individual/Legal Representative / Date

Signature of Individual/Legal Representative / Date

RELATIONSHIP OF SIGNING AUTHORITY

- Children:**
 Parent(s): Joint Custody*¹ Sole Custody*²
 CFS
 Other:

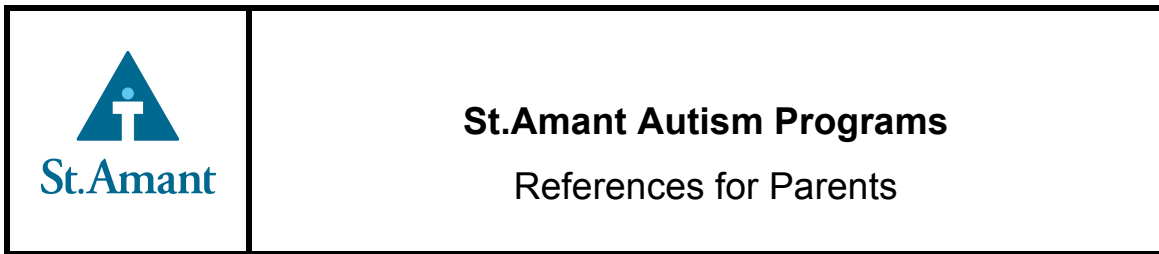
Signature of Witness / Date

*¹ In the case of joint custody, both parents' signatures are required.
 *² In the case of sole custody, documentation must be provided as evidence of such agreement. Only the signature of the parent with legal decision making power is required.



**Autism Programs
CONSENT TO EXCHANGE INFORMATION**

Name (please print)	Relationship	Agency	Address / Postal Code	Phone Number



Book for parents on “what is ABA?”

Applied Behavior Analysis and Autism: An Introduction

by Suzanne M. Buchanan, Psy.D., BCBA & Mary Jane Weiss, Ph.D., BCBA

Right from the Start Behavioral Intervention for Young Children with Autism by

Sandra L. Harris, Ph.D. & Mary Jane Weiss, Ph.D.

Understanding Applied Behavior Analysis: An Introduction to ABA for Parents, Teachers, and Other Professionals (JKP Essentials Series) by Albert J. Kearney

Self-help manuals on “how-to”

Behavior Modification: What It Is and How To Do It (9th Edition) by Garry Martin & Joseph Pear

The Verbal Behavior Approach: How to Teach Children with Autism and Related Disorders by Mary Barbera

Self-Help Skills for People with Autism: A Systematic Teaching Approach (Topics in Autism) by Stephen R. Anderson

Textbook style for a thorough read on ABA:

Applied Behavior Analysis (2nd Edition) by John O. Cooper

Functional Behavioral Assessment, Diagnosis, and Treatment: A Complete System for Education and Mental Health Settings by Ennio Cipani

Verbal Behavior Analysis: Inducing and Expanding New Verbal Capabilities in Children with Language Delays by R. Douglas Greer



St. Amant Autism Programs

References for Parents

Websites

(click on link)

St. Amant's Learning Centre: www.stamant.ca/learning-centre

Manitoba Families for Effective Autism Treatment: www.mfeat.ca

Association for Science in Autism Treatment: www.asatonline.org

Department of Health; New York State:

www.health.state.ny.us/community/infants_children/early_intervention/disorders/autism

Association for Behaviour Analysis International: www.autismsig.org

Parent Professional Partnership - Association for Behaviour Analysis International: www.pppsig.org

New Jersey Public Television & Radio: Decoding Autism

Possible Causes, Cutting Edge Research, and Hope for the Future

www.njn.net/television/specials/decodingautism/about/watchonline/

A Parent's Help Guide: Helping Children with Autism

www.helpguide.org/mental/autism_help.htm