



## L'Arche Toronto TIFS Program 2019-2020 Application Package



### **L'Arche Toronto TIFS (*Trying It on For Size*)**

L'Arche Toronto's TIFS program is an innovative well rounded approach to exploring how to live independently. Through a person-centred curriculum and experiential learning, participants increase their confidence and their capacity to discover their own places of belonging. This yearlong program starts when the participant enters the program. TIFS will be closed for all statutory holidays and the last week of December.

**Program Fee:** \$550.00 cdn /per month including meals and most program materials

#### **Payment Breakdown:**

1. Payment is due on the first day of each month via My Community Hub. Invoices will be provided by mycommunityhub.ca. or can be paid to L'Arche Toronto Homes Inc. and in the memo line write L'Arche Toronto TIFS.
2. Passport Funding can be used towards the cost of the program. It is the responsibility of the program participants to submit their program receipts to their local Passport Funding agency for reimbursement.
3. Refunds: available to TIFS participants for the remainder of their program who are permanently withdrawing from the program. TIFS Participants are required to provide one month's notice for termination. Refunds for individual coaching sessions due to absenteeism will not be given. "Make-up" coaching sessions may be granted for absenteeism due to inclement weather or sickness if the schedule allows and it does not negatively impact any other participant's schedule in the program.
4. Applicants will be interviewed for the L'Arche Toronto TIFS program. If it is determined at any time that they are not suitable or qualify for the program, the individual will may be asked to end their participation and will be issued a refund for the remaining days registered.

#### **To register for L'Arche Toronto TIFS Program, complete the following forms:**

- ✓ TIFS Application Form
- ✓ TIFS Critical Information Sheet
- ✓ Medical Information Sheet
- ✓ About the TIFS Participant Form
- ✓ Transportation and Outings Permission Form
- ✓ Permission to Stay Alone at the TIFS apartment Form
- ✓ Authorization for Release of Information to the Media Form
- ✓ Payment Agreement



**L'Arche Toronto TIFS Program 2019-2020  
Application Package**



L'Arche Toronto TIFS is an exciting program that will accommodate your schedule, for us to ensure that we meet your scheduling needs. We ask that you let us know your availability to participate in 1:1 coaching sessions

I am interested in applying for the TIFS Program, I am available the following days in the week:		
<input type="checkbox"/> Monday morning	<input type="checkbox"/> Monday afternoon	
<input type="checkbox"/> Tuesday morning	<input type="checkbox"/> Tuesday afternoon	<input type="checkbox"/> Tuesday night
<input type="checkbox"/> Wednesday morning	<input type="checkbox"/> Wednesday afternoon	<input type="checkbox"/> Wednesday night
<input type="checkbox"/> Thursday morning	<input type="checkbox"/> Thursday afternoon	<input type="checkbox"/> Thursday night
<input type="checkbox"/> Friday morning	<input type="checkbox"/> Friday afternoon	<input type="checkbox"/> Friday night
<input type="checkbox"/> Saturday morning	<input type="checkbox"/> Saturday afternoon	<input type="checkbox"/> Saturday night

APPLICANT INFORMATION	
<b>Participants Name:</b>	<b>Date of birth:</b> (dd/mm/yy)
<b>Preferred Pronouns:</b> ___ He/Him ___ She/Her ___ They/Them ___	
<b>Address:</b> _____	<b>Phone number:</b>
<b>City:</b> _____ <b>Province</b> _____ <b>Postal Code:</b> _____	<b>Email:</b>
<b>Applicants living situation:</b> <input type="checkbox"/> with family <input type="checkbox"/> other (please explain)	



**L'Arche Toronto TIFS Program 2019-2020  
CRITICAL INFORMATION SHEET**



**PARTICIPANT INFORMATION**

<b>Name:</b>	<b>Date of birth: (dd/mm/yy)</b>
<b>Address:</b> _____ <b>City:</b> _____ <b>Province</b> _____ <b>Postal Code:</b> _____	<b>Cell Phone:</b>
	<b>Email:</b>

**Participants living situation:**     with family     other (please explain)

**Written communication should be sent to:**     participant     other (parent/guardian/other)     both

**PARENT/GUARDIAN/OTHER CONTACT INFORMATION**

\* Please fill in this section if information should be sent to an additional recipient

<b>Name:</b>	<b>Relationship to Participant:</b>
<b>Address:</b> _____ <b>City:</b> _____ <b>Province</b> _____ <b>Postal Code:</b> _____	<b>Cell:</b>
	<b>Home:</b>
	<b>Office:</b>
	<b>Email:</b>

**EMERGENCY CONTACT INFORMATION (If differs from PARENT/GUARDIAN/OTHER)**

<b>Name:</b>	<b>Relationship to Participant:</b>
<b>Phone numbers:</b>	

**SECONDARY EMERGENCY CONTACT**

**Name:**

**Relationship to Participant:**

**Phone numbers:**



**L'Arche Toronto TIFS Program 2019-2020  
MEDICAL INFORMATION SHEET**



**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**OHIP Number** \_\_\_\_\_

**Family Doctor** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Seizures** (Circle One) **No** **Yes** (If yes, please fill out the next lines)

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Treatment \_\_\_\_\_

**Medical History:** (Please circle the appropriate answers)

Diabetic:                      No      Yes      Treatment:      Diet / Pill / Injection

Tetanus Shot:                No      Yes      Within 5 years      Within 10 years

Asthma:                        No      Yes

Heart Condition:             No      Yes

Other: \_\_\_\_\_

**Medications administered during L'Arche Toronto TIFS hours:**

Self-Administered:(please Circle)                      Yes      No

Name & dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

Name & dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

Name & dosage: \_\_\_\_\_ Time/s: \_\_\_\_\_

**ALLERGIES AND SIGNS THAT INDICATE AN ALLERGIC REACTION**

FOOD: \_\_\_\_\_

DRUGS: \_\_\_\_\_

OTHER: \_\_\_\_\_

**PLEASE DISCLOSE ANY MEDICAL RESTRICTIONS THAT MAY IMPACT THE PARTICIPANT AND ANY ACCOMODATIONS THAT THEY MAY NEED FOR THEIR WELLNESS:**

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**NUTRITION/ SPECIFIC DIET REQUIREMENTS:**

Does the participant require specific dietary requirements? :(please Circle) Yes      No

If yes, please explain: \_\_\_\_\_

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I acknowledge that all the information given on this form is correct to the best of my knowledge, and that I will update this information as it changes. All medical information is kept confidential and is in accordance with the Ministry of Community and Social Services Quality Assurance Measures and L'ArcheToronto's privacy policies.

\_\_\_\_\_  
Signature of Participant/Guardian      Name of Person Completing Form      Date

\_\_\_\_\_  
Signature of Participant/Guardian      Name of Person Completing Form      Date



**L'Arche Toronto TIFS Program 2019-2020  
ABOUT THE PARTICIPANT SHEET**



Please provide any details that may be helpful to supporting the participant in TIFS:

**PLEASE SHARE THE TIF PARTICIPANT'S HOBBIES AND INTERESTS:**

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**DOES THE PARTICIPANT EXPERIENCE ANXIETY, HIGH LEVELS OF STRESS, OR HAVE ANY BEHAVIOURS WE SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN. HOW DOES THIS MANIFEST?**

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**PLEASE SHARE SITUATIONS AND ITEMS THAT SHOULD BE AVOIDED "TRIGGERS" TO ENSURE THE TIF PARTICIPANT'S WELLNESS:**

**PATHS & MAPS:**

Are you familiar with what a PATH or MAPS are?

Yes  No

Has the TIFS participant had a PATH or MAPS in the last 3 years?

Yes  No

Will you share the PATH or MAPS with TIFS? Yes  No

**WHAT IS/ARE THE PARTICIPANT'S PREFERRED METHOD(S) OF COMMUNICATION?**

Handwritten response area for preferred communication methods, consisting of ten horizontal lines.

**ADDITIONAL COMMENTS:**

Handwritten response area for additional comments, consisting of six horizontal lines.

I acknowledge that all the information given on this form is correct to the best of my knowledge, and that I will update this information as it changes.

I understand that applicants and registered participants will be interviewed for the L'Arche Toronto TIFS program. If it is determined at any time that they are not suitable or qualify for the program, the individual may be asked to end their participation and be issued a refund for the remaining days registered.

\_\_\_\_\_  
Signature of Participant/Guardian          Name of Person Completing Form          Date





**L'Arche Toronto TIFS Program 2019-2020  
TRANSPORTATION and OUTINGS PERMISSION  
Form**



**OUTINGS AND TRANSPORTATION**

I / We give permission for my / our child / family member \_\_\_\_\_  
to go on outings and travel by van, car and public transportation during their attendance at the  
L'Arche Toronto TIFS Program.

I / We acknowledge that participation in the TIFS program is voluntary. I / We release, waive  
and forever discharge and hold harmless L'Arche Toronto, its employees, agents, volunteers,  
directors, officers, successors and assigns from any and all liability, claims, demands, and/or  
causes of action of whatever kind or nature, either in the law or in equity, for death, injury,  
property damage or loss which may arise while participating in L'Arche Toronto TIFS,  
including but not limited to, travelling to and from any outings. Without limiting the generality  
of the above, this Release from Liability includes any illness, accident, sickness, or injury  
suffered by the participant while participating in a TIFS outing.

**Participant/Parent/Guardian**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**L'Arche Toronto TIFS Program 2019-2020  
 PERMISSION FORM TO STAY ALONE AT THE  
 TIFS APARTMENT**



L'Arche Toronto TIFS participants receive up to 6 hrs. of coaching daily during their overnight stay at 165 Riverdale Avenue, Toronto Ontario, M4K 1C4. Before a TIFS participant can stay alone in the apartment they must be able to demonstrate that they know who to call and what to do in case of a fire, power outage and are able to perform basic first aid. If a TIFS participant is unable to demonstrate these skills, they will not be eligible to stay overnight at the TIFS apartment.

- TIFS Participants will be alone in the apartment for up to 12 hrs. during their overnight stay.
- TIFS Participants have access to 24 hrs. Emergency on-call support.

Does the participant require permission from a parent/guardian to be alone at 165 Riverdale Avenue TIFS apartment?

YES    NO

If yes, please complete the following:

I / We give permission for my / our child / family member

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To stay alone in the TIFS apartment:

I / We acknowledge that participation in the TIFS program is voluntary. I / We release, waive and forever discharge and hold harmless L'Arche Toronto, its employees, agents, volunteers, directors, officers, successors and assigns from any and all liability, claims, demands, and/or causes of action of whatever kind or nature, either in the law or in equity, for death, injury, property damage or loss which may arise while participating in L'Arche Toronto TIFS, including but not limited to, stays in the TIFS apartment. Without limiting the generality of the above, this Release from Liability includes any illness, accident, sickness, or injury suffered by the participant while staying at the TIFS apartment.

**Participant/Parent/Guardian**

Name  
(print):

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Signature:

Date:

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**L'Arche Toronto TIFS Program 2019-2020**  
**TERMS OF PARTICIPATION for L'ARCHE**  
**TORONTO TIFS**



Carefully read the following information and return this, signed, to L'Arche Toronto before beginning the program. If you or your family have any questions, please be in touch with L'ARCHE TORONTO TIFS at 416-406-2869 X 22.

- Please arrive each coaching time at the agreed time and be ready to start the program.
- We are not responsible for lost items.
- Our understanding is that you will be staying for the full coaching session. Please leave a message at 416-406-2869 X22 or call to notify us of any absences, lateness or early departure.
- If at any time L'Arche Toronto feels that the program is no longer suitable for you, we reserve the right to end participation.
- We have your medical information and contact information based on your registration form. If there are any changes, it is your responsibility to let us know immediately.

**I have read and accept the terms of participation outlined above.**

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION TO THE MEDIA**

I am associated with the L'Arche Community in \_\_\_\_\_, as a (*check one*):  
Core Member \_\_\_ Employee/Assistant \_\_\_ Friend/Volunteer \_\_\_ Program Participant \_\_\_.

**OR**

I am not associated with any L'Arche community. I reside in (*city*) \_\_\_\_\_.

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I (*print clearly*) \_\_\_\_\_ give my permission for L'Arche Toronto to release my name and photograph to the media for use by the press, radio or television. This information may also be used by L'Arche Toronto, or any L'Arche entity, in print, online (including social media), in displays, or other formats that inform people about L'Arche. I understand that if I wish to withdraw this permission at any time I will give written notice to L'Arche Toronto.

**OR**

I (*print clearly*) \_\_\_\_\_ do NOT give my permission for L'Arche Toronto, to release my name and photograph to the media for use by the press, radio or television. I do not give permission for L'Arche Toronto, or any L'Arche entity to use my name or photograph in print, online (including social media), displays, or other formats.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

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If the person is unable to sign the above portion of this form, their Substitute Decision Maker (SDM)/Guardian should complete the following:

Core Member/Program Participant name: \_\_\_\_\_

SDM/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**L'Arche Toronto TIFS Program 2019 - 2020**



**PAYMENT AGREEMENT**



The cost of L'Arche Toronto L'Arche Toronto TIFS 2019-2020 are listed below. Please provide L'Arche Toronto with cheques or verify your credit card information below.

Please select the months you are paying for and list total program cost(s) below.

**\*Please be advised that any missed program days cannot be made up or refunded**

<b>Participant Name:</b>	<b>Date of Birth:</b>
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<u>2019</u>		<u>2020</u>	
<input type="checkbox"/> May	\$550.00	<input type="checkbox"/> January	\$550.00
<input type="checkbox"/> June	\$550.00	<input type="checkbox"/> February	\$550.00
<input type="checkbox"/> July	\$550.00	<input type="checkbox"/> March	\$550.00
<input type="checkbox"/> August	\$550.00	<input type="checkbox"/> April	\$550.00
<input type="checkbox"/> September	\$550.00	<input type="checkbox"/> May	\$550.00
<input type="checkbox"/> October	\$550.00	<input type="checkbox"/> June	\$550.00
<input type="checkbox"/> November	\$550.00	<input type="checkbox"/> July	\$550.00
<input type="checkbox"/> December	\$550.00	<input type="checkbox"/> August	\$550.00
<b>TOTAL PROGRM COST(S): \$ _____</b>			

<b>PAYMENT OPTIONS: Please select one of the following options:</b>	
1. <input type="checkbox"/> I've included <b>CHEQUE(S) postdated</b> for the 1 <sup>st</sup> of each month. Cheques can be made payable to L'Arche Toronto Homes Inc. with the memo line that reads TIFS	
2. <input type="checkbox"/> Please charge my <b>CREDIT CARD</b> on the 1 <sup>st</sup> week of each month for the duration of the program.	
<b>Name as it appears on card:</b>	<b>Credit Card Type (Visa/MC):</b>
<b>Card Number:</b>	<b>Expiration Date:</b>

<b>Signature:</b>	<b>Date:</b>
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