



Overnight Respite Accommodation for Youth

519-509-6432 cell 519-313-0455

211 Birmingham Street West
Mount Forest, ON N0G2L1

Client Name: _____
Birth date: _____ Age: _____

Address: _____

Health Card #

School: _____

Grade: _____ Teacher: _____

Identified Student

Needs help with:

- Exercise
- Problem Solving
- Social Skills
- Communication Skills
- Peer Interaction
- Following routines
- Organization Skills
- Relaxation Techniques

- Taking direction
- Other: _____
- _____
- _____
- _____
- _____

Scheduled Respite:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

NAME: _____

1 CONTACT INFO

Name: _____

Phone: _____ Cell: _____

2 CONTACT INFO

Name: _____

Phone: _____ Cell: _____

3 CONTACT INFO

Name: _____

Phone: _____ Cell: _____

Special Needs:

Food Allergies: _____

Physical Limitations: _____

Emotional: _____

Medications Schedule: _____

Other: _____

Family Information

INFORMATION FROM CARE AGENCY:

Information which may affect attendance at Aletha's Place

Use back of sheet for more information