

PERSONAL SUPPORTS PROGRAM PERSONAL STRATEGY

The personal information requested on this form is collected under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and is subject to all of the provisions of that *Act*. It will be used only for the described purposes. If you have any specific questions concerning the collection, use or disclosure of your personal information, please contact the Manager, Personal Supports Program, at 1-888-818-1211.

Surname	Given Name(s)	Birthdate (YYYY MMM DD)
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Please answer the following three questions. They describe the support you are requesting by focusing on what the support will enable you to do. Please answer the questions as clearly as you can. They are a starting point, and if you wish to, you can discuss them with a Personal Support Worker and ask questions or clarify what you have written.

What things do you wish to do in your home and/or community?

What is stopping you from doing these things?

What do you think you need to help you do these things?

Personal Support Centre Location

You may wish to have someone (e.g. a friend or relative) help you complete this form. In this case, both you and he/she should sign in the spaces below.

NOTE: If you are functionally unable to complete and sign this form, it may be completed and signed by someone who has the legal authority to act on your behalf. Supporting documents such as a copy of the court order naming them as Committee, a Representation Agreement or an Enduring Power of Attorney must be provided.

You will be required to authenticate your identity before receiving services.

Signature of Applicant (or legal representative)	Print Name	Date (YYYY MMM DD)
Signature of Person assisting (if applicable)	Print Name	Date (YYYY MMM DD)
Signature of Personal Supports Worker	Print Name	Date (YYYY MMM DD)