

How to Apply**Section 1**

Fill out this form and submit it one of the following ways:

Deliver in person (8:30am-4:30pm, 7 days a week, except holidays) at:

Sportplex (Lawon/Fieldhouse), 1717 Elphinstone St.
Sandra Schmirler Leisure Centre, 3130 East Woodhams Dr.
Northwest Leisure Centre, 1127 Arnason St.
Neil Balkwill Civic Arts Centre, 2420 Elphinstone St.
Core Ritchie Neighbourhood Centre, 445 14th Ave. (only open Monday-Friday)

Email:

inclusionsupport@regina.ca

For help completing the form, call:

639-590-8895

Important Information:

- Your application is important to us and will be processed in the order that it was received. This process may take up to 2 weeks.
- If you need a Leisure Companion for a specific program, **apply at least 3 weeks before the program starts**. There are no guarantees that a companion will be available at the desired time.
- This service is for people with disabilities or those who face barriers to leisure. Eligibility is based on individual needs and our ability to meet those needs.
- This service does not provide personal care, feeding, or medication administration. You may bring your own attendant if needed (at no extra cost). Please complete the [Attendant Admission Program form](#).

General Participant Information**Section 2**

Participant name: _____

Gender Pronouns (optional): _____

Date of birth (day/month/year): _____

Address: _____

City: _____ Postal code: _____

Phone number: _____

Email: _____

Have you visited a City of Regina facility before, or attended any programs? Yes No

If yes, how recently? _____

How did you find out about this service? _____

Do you attend school currently? Yes No

If yes, what school? _____

Are there any tools that have been found to be beneficial for participating at school or at home? Explain:

Emergency Contacts / Guardian Information (Guardian required for anyone under age 18)**Section 3****Primary Contact**

Name: _____

Relation to participant: _____

Primary phone number: _____

Secondary phone number: _____

Email: _____

Secondary Contact

Name: _____

Relation to participant: _____

Primary phone number: _____

Secondary phone number: _____

Email: _____

How can we help you?**Section 4**

- I want help finding and selecting programs that are right for me
- I would like a Leisure Companion (this could include one-on-one or group support, with adaptations, navigating, cueing, emotional, and/or social support)
- I'm not sure what support I need

Is there a specific program you are wanting a Leisure Companion for? If yes, please complete the details below.

Note: We recommend submitting this application at least 3 weeks before the program start date.

Program Name: _____

Program Number: _____

Start Date: _____ End Date: _____

Support Information – Please tell us more about what you need support with.**Section 5**

Personal Care – Check whether you need help in the following areas:

Dressing/Changing Independent Need help**Toileting** Independent Need help**Eating** Independent Need help

If you checked "Need help", please explain what help is needed.

Will you be bringing your own support (family member, friend, caregiver)? Yes No

(Optional) Is there any health information that you feel we should know to support you successfully (such as allergies, medical conditions, or other needs requiring special consideration)?

Communication – How do you communicate?

- I communicate verbally
- I have some verbal communication (single words or short phrases)
- I use communication devices (examples: AAC, communication boards, speech to text).

If checked, indicate what kind:

-
- I use sign language
 - Language barriers are present (English is not my primary language)

Do you need help with communication? Please explain.

Assistive devices

Do you use any assistive devices (mobility devices, hearing aids, service animal, etc.)? Yes No

If yes, please explain.

Transportation - How will you be getting to recreation programs or activities?

- I will drive myself
- Family member or friend
- Taxi
- Public transit bus
- I am already registered with paratransit
- I need help applying for paratransit (takes 2 weeks minimum to apply)
- Other (specify): _____

Additional Support Information – Please answer the following to your best ability

Section 5

1) Why do you want to access the Inclusion Support Service?

2) Do you receive services from any organizations in Regina (now, or previously)? Please list all organizations below.

3) What motivates you to want to participate in recreation? (Example: improving fitness, meeting new people, finding new interests)

4) Tell us more about you. Please answer the following:

Strengths & Interests – What are you good at? What do you enjoy?

Barriers/Stresses – What makes it hard for you to participate?

Safety – Do you have any safety concerns?

Other – Is there anything else we should know?

Privacy – In accordance with the City of Regina’s Customer Privacy Policy, the personal information collected on this form will be maintained by the Inclusion Support Service (ISS) and kept secure and confidential. If necessary, service providers with ISS may be given information for purposes relating to the provision of inclusion support. Anonymous information gathered from this process may be collected and analyzed by City of Regina administration to report on trends and research, to further improve service delivery. If you have any questions or concerns regarding your privacy, please contact the City’s Access to Information and Privacy Coordinator at 306-777-7070.

I _____ – (Participant or Guardian) believe that the information provided in this document is accurate and true to the best of my knowledge. I consent to the Inclusion Support Service using this information, along with additional information given through the Inclusion Support process, in order to receive support from this service.

Signature: _____

Date: _____

FOR CITY OF REGINA FACILITY STAFF:

Forward all applications via inter-office mail to: Inclusion Support Office, Core Ritchie Neighbourhood Centre

Section for office use only

Date received:

Received by:

Method of submission: