Application for Services

Purpose To ensure ASC has a consistent service application process.

Policy Statement All communication with applicants/guardians/families will be conducted in a professional, sensitive, and supportive manner. A contact person will be identified and follow-up will occur within acceptable timelines.

Binder(s):	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Entry/Exit	Α	93-12-15	R/R	94-12-21	R	96-06-14
Program Area(s):	Adult Disability, Family Support Disability	R/R	98-06-03	R/R	02-05-08	R/R	April 14, 2005
		R/R	Mar 6/08	R/R	Sent 27/12	R	Apr 4/18

Application for Services

- 1. The Coordinator receiving the initial information will complete the initial contact form.
- 2. The Coordinator is responsible to discuss the request for services. All inquires will be handled in a sensitive manner, and in an environment that ensures confidentiality.
- 3. The initial contact sheet and any other information received will constitute the beginning of a pending file.
- 4. The information package will be available to all interested persons.
- 5. If discussions with the Applicant/Guardian/Family determine that ASC is not an appropriate service option, the Coordinator will attempt to direct them to an alternative resource whenever possible.
- 6. If discussions with the Applicant/Guardian/Family determine that ASC is an appropriate service option, the Coordinator will forward an Application Package.
- 7. The Coordinator will review the completed Application Package prior to presenting information at a Placement Committee meeting.
- 8. The Coordinator will schedule a Placement Committee meeting to review the application for services. (Refer to Placement Committee Policy and Procedure).
- 9. The Coordinator will communicate all decisions and recommendations by the Placement Committee in writing to the Applicant/Guardian/Family and/or referral source, within 14 days.
- 10. Funding confirmation must be received prior to the commencement of services.
- Upon receipt of funding confirmation the Referral and/or Services Area Coordinator will complete the Checklist for Accounting form and forward for filing and processing.

Binder(s):	Adult Services, Family Support Services					Page:	1 of 1
Section(s):	Entry/Exit	Α	93-12-15	R/R	94-12-21	R	96-06-14
Program Area(s):	Adult Disability, Family Support Disability	R/R	98-06-03	R/R	02-05-08	R/R	April 14, 2005
		R/R	Mar 6/08	R/R	Sept 24/12	R/R	Apr 4/18