



Is the applicant currently a Community Living Service Delivery (CLSD) Client? Yes No

If yes, please answer the following

CLSD Social Worker Contact Information:

Name	First	Last
Contact	Ph:	Email:

Is the Social Worker aware of this application? Yes No

Have you had a Daily Living Support Assessment (DLSA) done? Yes No

If yes, what was the resulting scored level? _____

Current Client Funding (please check all that are applicable:

None SAID CLSD CDS OTHER _____

Additional Information:

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