Date of Application:

APPLICATION FOR SERVICE

INSTRUCTIONS FOR COMPLETING APPLICATION FOR SERVICE AND PROCESS

Forms that are incomplete may be returned and will delay the application process. Please ensure the following is also completed and returned:

- ☐ Review criteria to ensure eligibility
- ☐ Ensure that all areas of the application are completed
- ☐ Financial Disclosure section must be completed and signed by the applicant or person responsible for financial decisions (page 7)
- ☐ Application for Service must be signed by the applicant or the substitute decision-maker. (page 8)
- ☐ Include all relevant collateral information that supports the application and assists in determining the needs or, at minimum, details as to where this information can be obtained.
- ☐ Review, sign and return the Bill of Rights form with the application

The Intake Coordinator will conduct an initial screening of all applicants, gather relevant collateral information and present a profile of the applicant to the Admissions Committee.

The Admissions Committee reviews the application and makes a recommendation regarding approval for service. Applicants approved for service are notified by the Chief Executive Officer, as Chair of the Admissions Committee.

An applicant may be declined services if he/she does not meet the eligibility criteria. Applicants who have not been approved are notified by the Chair of the Admissions Committee and are provided with the details regarding the appeal process.

BISNO

Brain Injury Services of Northern Ontario

ADMISSION CRITERIA

- Services are provided to individuals with an acquired brain injury (damage to the brain occurring after birth which is non-degenerative or progressive), and who may also have physical disabilities requiring support services.
- There is evidence, or a reasonable expectation, that the applicant will make functional gains or is otherwise capable of benefiting from the programs and environment of BISNO.
- Those persons accepted for service will be 16 years of age and over.
- The individual must agree with the referral and must have signed the Application for Service (or the Application for Service must be signed by an identified Substitute Decision-Maker).
- Priority will be given to residents who are geographically located in Northern Ontario. These include the districts of: Kenora/Rainy River, Thunder Bay, Greenstone, Sudbury/Manitoulin, Algoma, Cochrane, Timiskaming and Nippissing.
- Individuals applying for residentially-based services must have a predetermined designated discharge environment (exception: Assisted Living Services) and finances arranged to pay rent/sign a lease.
- Individuals applying for services currently that are currently being served in other sectors (i.e. developmental services which can be defined as an acquired brain injury prior to the age of 18) may be considered if that sector is unable to meet their needs through added consultation and training.

DEFINITION OF ACQUIRED BRAIN INJURY*

An acquired brain injury is damage to the brain which occurs after birth and is not related to: (See appendix I)

- a congenital disorder
- a developmental disability
- a process which progressively damages the brain

The damage may be caused: (See appendix II)

- traumatically (i.e. from an external force such as a collision, fall, assault or sports injury)
- through a medical problem or disease process which causes damage to the brain (internal process or pathology)

Factors such as the following will be used in the consideration process:

- medical stability/complexity
- potential to benefit from therapy or resources offered
- primary or co-occurring diagnoses which could be a barrier to the rehabilitation process or to the delivery of service. These may include: psychiatric problems, drug/alcohol dependency or behavioural issues.

APPENDIX I

Congenital/Developmental Problems:
(not considered ABI)
Cerebral Palsy
Autism (Pervasive Development Disorder)
Developmental delay
Down's syndrome
Spina bifida with hydrocephalus
Muscular dystrophy

Progressive Process/Disease:
(not considered ABI)
Alzheimer disease
Pick's disease
Dementing Process
Amyotrophic Lateral Sclerosis
Multiple Sclerosis
Parkinson's disease and similar movement disorders

APPENDIX II

Non-Traumatic Causes:
Anoxia
Aneurysm and vascular malformations
Brain tumors
Encephalitis
Meningitis
Metabolic encephalopathy
Stroke with cognitive disabilities (eligibility for service may depend on clients' needs/goals)

* Source: Toronto Acquired Brain Injury Network

APPLICATION FOR SERVICE

BRAIN INJURY SERVICES OF NORTHERN ONTARIO
426 BALMORAL STREET
THUNDER BAY, ON P7C 5G8
Tel: (807) 623-1188 Fax: (807)623-1201
Toll Free: 1-866-796-1188
Email: bisnoro@bisno.org
Website: www.bisno.org

APPLICATION

The applicant is encouraged to participate in the completion of this form as much as possible. This can be done in conjunction with a service provider and/or significant other. We would appreciate a copy of any documentation that supports the request and assists in identifying the specific needs of the applicant. Forms that are incomplete may be returned and will delay the application process.

PERSONAL INFORMATION			
Name	Date of Birth DD MM YYYY		Sex: ☐ Male ☐ Female
Address (Inc Apt#)	Home Phone Number		Alternate Phone Number
City	Province	Postal Code	Email Address
Health Card Number			
Do you wear a medical alert bracelet? ☐ Yes ☐ No		Marital Status	
Current Living Situation: ☐ Alone ☐ with other (specify) ______			
Accommodation: ☐ house ☐ group home ☐ apartment building ☐ supportive housing ☐ rooming house ☐ long term care facility ☐ hospital ☐ other ______			
Citizenship: ☐ Canadian ☐ Permanent Resident ☐ Other			
Are you a resident of Ontario? ☐ Yes ☐ No If yes, how long? ______			
Language Spoken:	Mother Tongue:	Interpreter Required: ☐ Yes ☐ No	
First Nation Band Affiliation:		Status Number with Dept. of Indian Affairs:	

BRAIN INJURY INFORMATION					
Date of Injury DD MM YYYY		Cause of Injury (e.g. anoxia, assault, motor vehicle collision, fall, etc.)			
Family Physician			Treating Emergency Hospital		
City	Province	Postal Code	City	Province	Postal Code
Telephone			Telephone		
Have you had a previous injury/accident? ☐ Yes ☐ No If yes, please explain:					

PERSONAL SUPPORT NETWORK / EMERGENCY CONTACT			
Name	Relationship		Contact Person ◻ Yes ◻ No
Address (inc. apt #)			Home Phone
City	Province	Postal code	Work Phone

REFERRING AGENT			
Name	Relationship		Contact Person ◻ Yes ◻ No
Address (inc. apt #)			Home Phone
City	Province	Postal code	Work Phone

PROGRAM REQUESTED – See attached program descriptions.	
◻ Assisted Living Services Do you have a designated environment?	◻ Yes ◻ No
◻ Community Services/Outreach	◻ Thunder Bay ◻ District
◻ Third Party Funding (i.e. WSIB/Insurance)	
◻ Groups	◻ Social/leisure ◻ Peer support ◻ Other ____________________
◻ Education/Training	◻ Self ◻ Other ____________________________

Please note that medical, attendant care, rehabilitation and vocational reports are required: Neurosurgery, Neuropsychology, Speech Therapy, Physiotherapy, Occupational Therapy, Social Work, Psychology, Psychiatry, Assessment and Discharge Summaries. If you have copies of these reports, please attach to the application.

REASON FOR REFERRAL
Individual (Why are you applying to BISNO?)
Referring Agent (to supplement the above)

TREATMENT HISTORY □ Yes □ No

If Yes, please complete the following:

Program/Facility/Hospital	**Dates Involved (DD MM YYYY)**	**Contact Name and Phone Number**

Are you receiving, have you applied for or are you on the waitlist for any rehab or other services? □ Yes □ No

If yes, please explain:

Agency Contact Name	Phone Number

Have you participated in a neuropsychological assessment? □ Yes □ No

If yes: Name of Assessor:	Phone Number

PERSONAL INFORMATION

Seizures □ Yes □ No
If yes: Date of last seizure ___________ Type ______________ Are they controlled?

Wheelchair □ Yes □ No □ Manual □ Motorized
Transfers □ Independent □ Stand-by assistance □ Full assistance

Supervision or assistance with mobility: □ Yes □ No

If yes, does it apply to □ level surfaces □ stairs □ both

Communication Issues □ Yes □ No

If yes, please describe:
____

Cognitive Issues ◻ Yes ◻ No

If yes, please describe:

____

Other physical conditions (allergies, diabetes, heart conditions, diet restrictions, etc.) ◻ Yes ◻ No

If yes, please describe:

____

Do you use retractable needles? ◻ Yes ◻ No

Have you ever experienced behavioral problems (mood/sleep disorders)? ◻ Yes ◻ No

If yes, please describe:

____

Do you have difficulty controlling yourself in other ways that have not yet been mentioned (anger, social interactions)? ◻ Yes ◻ No

If yes, please describe:

____

LIST OF MEDICATIONS (if you need more space please write on back of this page)

Name of Medication	Dosage	Times taken

PSYCHIATRIC

Do you have a psychiatric diagnosis? ◻ Yes ◻ No

Date/Year of Diagnosis: ____________________________

Number of hospitalizations in the last 2 years: ________

Describe your current mental health:

____

Psychiatric consult notes: ◻ Included ◻ Report to follow ◻ Not available

SUBSTANCE ABUSE / LEGAL

Pre-Injury History of Substance Abuse: ◻ Yes ◻ No ◻ History not available

Current Substance Abuse: ◻ Yes ◻ No ◻ Not known

Substance Abuse Treatment Recommended: ◻ Yes ◻ No

Are you undergoing treatment for addictions? ◻ Yes ◻ No

Do you have a criminal record? ◻ Yes ◻ No

If yes, please describe:
____

EDUCATION AND EMPLOYMENT

Name of Last School Attended:	Address of School:	
Level Attained:	Year Completed:	
Name of Last Employer:	Position:	How long were you there?

FINANCIAL INFORMATION ***If applying for any subsidy, the below section must be completed by the applicant or the person responsible for financial matters.***

Check Source Of Income:

◻ Ontario Disability Support Program (ODSP) ◻ Ontario Works (OW)
◻ Old Age Security (OAS) ◻ Canadian Pension Plan (C.P.P.)
◻ Workplace Safety Insurance Board (W.S.I.B.) ◻ Long Term Disability (private)
◻ Lawyer's Name: ____
Company: ______________________ Phone: ______________________
◻ Insurance Adjuster Name: ____________________________________
Company: ______________________ Phone: ______________________
◻ Rehabilitation Case Manager Name: ____________________________
Company: ______________________ Phone: ______________________
◻ Insurance Settlement ◻ Structured Settlement ◻ Inheritance ◻ Part Time Employment
◻ Full Time Employment ◻ Income Generating Assets - please describe: ______________

Amount of income per month: ___________ Do you have direct access to your income? ◻ Yes ◻ No
If no, Name and Phone Number of Substitute Decision Maker/Power of Attorney and attach supporting documentation:
Do you make your own personal decisions? ◻ Yes ◻ No
If no, Name and Phone Number of Substitute Decision Maker/Power of Attorney and attach supporting documentation:

I, ______________________________ certify that the above mentioned information is correct, to the best of my knowledge.

AUTHORIZATION TO SHARE INFORMATION WITHIN BISNO AND OTHER AGENCIES

I, ___________________________________, have completed or have had this Application for
(Print Name)

Service completed for me. I give permission for the information contained herein to be shared within BISNO and the agencies listed below in order to facilitate appropriate and timely service provision.

____
Applicant Signature

____
Legal Guardian/Committee Signature/
Power of Attorney/Substitute Decision Maker
(if applicable)

____
Please Print Applicant Name

____
Please Print Guardian / Committee Name
Power of Attorney/Substitute Decision Maker
(if applicable)

____
Witness

____
Date

ONTARIO ASSOCIATION OF COMMUNITY BASED BOARDS FOR ACQUIRED BRAIN INJURY SERVICES (OACBABIS)			
Program Name (Check off agencies you have made application to)	**Address**	**Phone Number**	**Fax Number**
☐ Brain Injury Community Re-Entry (Niagara) Inc.	261 Martindale Rd., Units 12 & 13 St. Catharine's, ON L2W 1A1	(905) 687-6788 1 800 996-8796	(905) 641-2785
☐ Brain Injury Services	225 King William Street, Suite 508 Hamilton, ON L8R 1B1	(905) 523-8852	(905) 523-8211
☐ Brain Injury Services of Northern Ontario	426 Balmoral St. Thunder Bay, ON P7C 5G8	(807) 623-1188	(807) 623-1201
☐ Brain Injury Services of Muskoka Simcoe	560 Bryne Dr. Unit 4 Barrie, ON L4N 9P6	(705) 734-2178 Toll Free #: 877-320-1950	(705) 734-1598
☐ Community Head Injury Resource Services of Toronto (CHIRS)	62 Finch Avenue West Toronto, ON M2N 7G1	(416) 240-8000	(416) 240-1149
☐ Dale Brain Injury Services Inc.	815 Shelborne Street London, ON N5Z 4Z4	(519) 668-0023	(519) 668-6783
☐ Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)	176 Robert Speck Parkway Mississauga, ON L4Z 3G1	(905) 949-4411	(905) 949-4019
☐ Vista Centre Brain Injury Services	211 Bronson Ave., Ste. 214 Ottawa, ON K1R 6H5	(613) 234-4747	(613) 234-3625

BRAIN INJURY SERVICES OF NORTHERN ONTARIO

BILL OF RIGHTS

1. You have the right to be treated with courtesy and respect, free from mental, physical and financial abuse.

2. You have the right to give consent to or refuse to participate in services available from BISNO.

3. Your individuality will be respected including your ethnic, spiritual, linguistic, sexual orientation, family and cultural preferences.

4. All information concerning your involvement with BISNO will be kept confidential. (See potential exceptions on the reverse of this form)

5. You have the right to participate in the development, implementation and evaluation of your Plan of Service and to recommend changes in how services are provided.

6. You have the right to access your file and to receive copies of any documents compiled by BISNO.

7. You have the right to be informed of the policies affecting the operation of the service, as well as, procedures for filing a complaint.

BISNO is committed to supporting individuals to exercise these rights. If at any time you feel your rights are being compromised, please contact the Program Director directly

Reviewed with: ______________________________________

Date: ____

BISNO: ____

*In accordance with the law BISNO is required to release private and confidential information under the following circumstances: cases of suspected child abuse, a medical emergency, a subpoena or summons is served by the court, a person arrives impaired and insists on driving or for reasonable belief that information is necessary to prevent serious injury of death.

PRIVACY CODE

This code applies to individuals in service, employees,
board members, volunteers and students on placement.

BISNO is committed to maintaining the accuracy, confidentiality and security of your personal information. As part of this commitment we have adopted the following principles in accordance to the Personal Health Information Protection Act.

1. **Accountability:**
   We have the responsibility to maintain and protect the personal information under our control and will designate one or more individuals to be accountable for the organization's compliance with these principles.

2. **Identifying Purpose:**
   The purposes for which personal information is collected shall be identified before or at the time the personal information is collected. The personal information we collect shall be limited only to that which is necessary for the purposes identified.

3. **Consent:**
   Individual consent will be obtained for the collection, use or disclosure of personal information, except where the law provides an exemption.

4. **Limiting use, disclosure and retention:**
   Personal information shall only be used or disclosed for the purposes for which it was collected, unless an individual has otherwise consented or when it is required or permitted by law. Personal information shall be retained only as long as necessary for the fulfilment of those purposes and in accordance to the requirements by law.

5. **Safeguards:**
   We shall protect personal information using security safeguards that are appropriate to the sensitivity level of the personal information received. We shall keep personal information as accurate, complete and up-to-date as may be necessary to fulfil the purposes for which it is to be used.

6. **Handling enquiries or complaints:**
   We will provide information to individuals about our policies and procedures relating to the management of personal information that are under our control. Any questions or enquiries concerning compliance with our privacy policies and procedures may be addressed to our Privacy Officer.

Should you have any questions regarding access to your personal information or wish to make a complaint regarding BISNO practice, please contact:

Alice Bellavance, Executive Director and Privacy Officer
1-(807)-623- 1188 or toll free 1-866-796-1188

SERVICES

BISNO is a non-profit, charitable organization that provides a range of rehabilitation and support services to individuals 16 years of age and older, living with the effects of brain injury.

All services are developed to facilitate each individual's optimum level of functioning in all life domains to fulfill meaningful life roles. A plan is developed based on the person's expressed goals, input from significant others, outcomes of past rehabilitative efforts and recommendations for future rehabilitation and outreach support in collaboration with existing community partners.

Our service is based on a comprehensive functional assessment of skills for the development, implementation and evaluation of strategies and interventions in all life domains. These domains may include cognitive, psychosocial, activities of daily living, sensory/perceptual, medical/physical, vocational/educational and social/leisure.

Rehabilitation and support services are delivered in a person's natural environment where skill development is required.

Our services include:

- Rehabilitation and Outreach
- Assisted Living
- Addictions and Mental Heath
- Service coordination, advocacy and referrals
- Community orientation, reintegration and meaningful participation
- Group programming (skill building, social leisure, peer support)
- Healthy Life Styles Group
- Clinical consultation
- Individual/Family counselling

BISNO provides services in the:

- City of Thunder Bay
- Districts of Thunder Bay, Kenora and Rainy River i.e. Dryden, Kenora, Fort Frances and Sioux Lookout
- Superior North (currently consultative and fee for services and is also being further developed)