

## Young Adult Social Group Intake Form

This group will be meeting weekly for 8 weeks. It is for young adults aged 18-30 who are able to participate in the community and other activities independently with some social support provided by peer facilitators. The 2-hour weekly group will participate in a variety of activities to promote peer support, social opportunities in the community through games nights, bowling, cooking, baking and spending time together to socialize as a group. Light refreshments will be provided. Peer staff facilitators are present at all events. This intake form will help to ensure this group is right for you.

### PLEASE TELL US ABOUT YOURSELF BELOW.

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First and Last Name)

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Diagnoses, if any: \_\_\_\_\_

Allergies: \_\_\_\_\_

Your Hobbies or Interests? \_\_\_\_\_

### TO PARTICIPATE IN ACTIVITIES WE NEED TO KNOW THE FOLLOWING:

How independently can you manage in social settings?

Independent       Require some support       Require a lot of support

(If: "Require some support" please specify eg: handling money, ordering, meeting new people, social interactions etc.

---

If you require a lot of support do you have a support worker that would attend the 6 weeks with you?

Yes       No

Do you need help with any of the following? (Please check all that apply)

- Toileting
- Wandering
- Responding positively to authority
- Physical boundaries
- Following Ground Rules
- None of the above
- Other: \_\_\_\_\_

This group is proudly funded by grants from Autism BC, RBC Foundation, Children's Health Foundation and the Vancouver Foundation.

**Please check any of the following that affects you?**

- Large groups of people / crowds
- Smells
- Noisy environments
- Lighting
- None of the above
- Other: \_\_\_\_\_

**Have you had experience using public transit?**     Yes             No

**Do you have any food allergies? If so please list below**

\_\_\_\_\_

**Do you have any medical concerns that could be present while you are attending the group?  
If so can you describe these for us?**

\_\_\_\_\_

**Why do you want to come to this group? What do you hope will happen for you by attending this group for 6 weeks?**

- Make New Friends
- Learn New Things
- Have Fun
- Learn more about our community
- Other: \_\_\_\_\_

**EMERGENCY CONTACT INFO: (Contact Person over the age of 18 in case of emergency)**

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_            **Cell #:** \_\_\_\_\_

**Referred to Young Adult Social Time by:**

**Agency: (please Name):** \_\_\_\_\_

**Individual:** \_\_\_\_\_             **Self:**

**Thank you for telling us about yourself. Please return the filled out form to Family Resource Navigator – Kimberlee Howland by emailing: [Kimberlee@nanaimocdc.com](mailto:Kimberlee@nanaimocdc.com), or you can mail / deliver form to 1135 Nelson Street, Nanaimo BC V9S 2K4, attention Kimberlee FRN. You can also call Kimberlee at 250-753-0251 ext 259 or Teresa from Autism BC 250-751-9278, if you have any questions.**

**A staff member from the CDC will contact you by telephone to talk more about the group and see if this group is the right group for you.**

**This group is proudly funded by grants from Autism BC, RBC Foundation, Children’s Health Foundation and the Vancouver Foundation.**