



# SUPPLEMENTAL INFORMATION FORM

## Community Junction

To be completed upon initial registration and as conditions change (attach to registration form) – This information is requested to help us to better support the individual registering for classes. Please complete as much as you feel comfortable sharing. This information will not be shared outside of the Community Junction.

**By mail or in person:**

**The Community Junction  
2934 Dundas Street West,  
Toronto, ON M6P 1Y8  
647-729-1153**

**By Email:**

**communityjunction@cltoronto.ca**

<b>Individual's Full Name:</b>			
<b>Health Card Number:</b>			
<b>Alternate emergency contact: (Different name than one provided on registration)</b>	Name:		
	Relationship:		
	Contact Number(s):		
<b>Medical Considerations:</b> (recent procedures, conditions, food allergies, medications effects, seizures, mental health, etc.)			
<b>Behavioral Considerations:</b> (does this person experience anxiety, high level of stress, or have any behaviours you feel we should be aware of? Are there any "triggers" – crowds, loud noise, etc. that should be avoided?)			
<b>Support in challenging situations:</b> (how can we best support the individual through a challenging situation?)			
<b>Our class instructors are not able to assist with challenging behavior or complex medical needs and our Community Living Toronto staff support is limited. If this person has high behavioral or medical needs and requires a lower ratio of staffing (such as 1:1) we are able to provide this support as a fee for service option. Please contact us for further information.</b>			
Name of Person completing form:		Date	