| Eligibility Number: | |
|---------------------|-----------------|
| | office use only |



Please bear in mind that it is the intention of the Abilitas Foundation to provide overnight accommodation at the Cold Water Ranch Respite Lodge to people with severe disabilities. For questions, call Arlene Schouten (604) 556-0681.

| Name of applicant: | Date: | |
|--|--------------|--|
| Name of person acting for applicant (if applicable) | | |
| » Relationship of this person to applicant: | | |
| Age of applicant: Address: | | |
| City: Province: | Postal Code: | |
| Phone: Contact email: | | |
| | | |
| QUESTIONS FOR APPLICANT (if necessary, use the back of this form for additional information) | | |
| 1) Explain the diagnosis of your condition: | | |
| | | |
| | | |
| 2) How does this condition limit you in the functions of daily living | | |
| | | |
| | | |
| 3) What considerations do you need in a facility to accommodate your needs | | |
| | | |
| | | |
| 4) How do commercial accommodations (hotels etc.) fail to meet your needs | | |
| | | |
| 5) Is this condition permanent? (circle one) YES NO | | |
| 6) What, if any, Long Term Income Supplement do you receive? | | |
| POLICIES AND GUIDELINES: | | |
| | | |

Upon arrival, if the nature of the applicant's disability is not consistent with the information provided on the booking eligibility application, the Abilitas Foundation will reserve the right to review and revoke booking privileges.

Whether a child is restricted in any of the activities of daily living will depend on the child's age and expected development. The age is relevant, since a two-year-old child (e.g.) would not be expected to dress without assistance.

^{**} Please email this form to bookings@abilitasfoundation.org or mail to 200-2296 McCallum Road, Abbotsford, BC, V2S 3P4 **