



9179 Centreville Creek Rd, Caledon ON
 PO Box 91, Station Caledon East, L7C 3L8
 Phone: (905) 584 – 9156
 Fax: (905) 584 – 0928

Day in the Country Participant Registration

Thank you so much for joining us at Peace Ranch! For your visit to go as smoothly as possible, we are required by the United Way to gather some information from you before you come.

First Name: _____ **Last Name:** _____

Street Address: _____

Postal Code: _____ **Date of Birth:** _____

Gender: Man Woman Non-Binary Trans Man Trans Woman
 Agender Bigender Gender Fluid Other Prefer Not to Answer

Agency/Program: _____

Spoken Language: _____ **Preferred Language of Service:** _____

Bilingual: Yes No **Francophone:** Yes No

Do you identify as Indigenous? Indigenous Non-Indigenous Prefer Not to Answer

As part of your Day in the Country, we may be providing you with lunch. Please let us know of any and all food allergies (ex. peanuts, tree nuts, gluten) and/or dietary restrictions and/or specifications.

Any Known Allergies: _____

Dietary Restrictions: _____

Other Specifications: _____

Who do you live with (check all that apply)?

Independent Spouse/Partner Children Parents
 Relatives Non-Relatives Prefer Not to Answer

What type of residence do you live in?

No Fixed Address Hostel/Shelter Long Term Care Private Non-Profit
 Municipal Non-Profit Private House/Apt/Condo Retirement Home Rooming/Boarding House
 Supportive Housing Homes for Special Care Prefer Not to Answer



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What type of support do you receive where you live (ex. meals, ADLs, financial support, etc.)?

- I perform all tasks independently I receive support for some tasks
 I receive support for most tasks I receive support for most tasks

Highest Grade of School Completed: _____ Prefer Not to Answer

Are you currently attending school? Yes No

What is your employment status? _____ Prefer Not to Answer

What is your primary source of income?

- Employment ODSP Social Assistance Employment Insurance (EI)
 Pension (CPP) Family Support No Income Source Prefer Not to Answer
 No Income Source Other Disability Assistance Insurance

Do you currently have any legal concerns? Yes No Prefer Not to Answer

If yes, what is your current legal status? _____

Age of Diagnosis? _____ **Do you have a dual diagnosis?** Yes No Prefer Not to Answer

Do you have a history of drug and/or alcohol dependency? Yes No Prefer Not to Answer

Have you been hospitalized due to your mental illness? Yes No Prefer Not to Answer

If so, how old were you during your first hospitalization? _____

Please indicate any hospital visits due to your mental illness in the past two years:

Admission Date (day, month, year)	Discharge Date (day, month, year)	Hospital Name	Please Check One						
			Voluntary	Involuntary	Substance	Forensics	Respite	Medical	

Do you have any other ongoing, chronic illnesses or disabilities? Yes No Prefer Not to Answer

If yes, please identify: _____



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Privacy and Personal Information

All information collected is collected and stored as per SHIP and Peace Ranch PHIPA policies. Please direct any questions or concerns related to the gathering and usage of personal information through the United Way to the program manager.

I, the undersigned, understand and give consent to the collection and storage of my personal information and the use of such information under the conditions of SHIP privacy policies.

Participant Signature

Date

Please bring completed forms with you to your scheduled Day in the Country, unless otherwise requested. Please feel free to reach out to Green Spaces staff [(905) 584 – 9156] if you have any further questions or concerns.