



Intergenerational Outreach Program Application

Thank you for your interest in the IG Outreach Program. Please fill out this form and email it to amber.dukart@link-ages.ca. You may also call our office at (403) 249-0853 to complete by phone.

Personal Information	
Last Name:	First Name:
Preferred Name:	Preferred Pronouns:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
Birth Date:	Gender:
Language Spoken at Home:	
Other languages spoken:	
Emergency Contact Name:	
Phone:	Relationship:
Living Situation	
<input type="checkbox"/> Live alone <input type="checkbox"/> Live with partner/family/roommates <input type="checkbox"/> Other (please specify):	
Type of housing: <input type="checkbox"/> Detached house <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile home <input type="checkbox"/> Apartment	
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of pet?
Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Transportation
What modes of transportation are available to you? Check all that apply.
<input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Calgary Access
<input type="checkbox"/> Walking <input type="checkbox"/> Other (please specify):
Health & Wellbeing
Mobility considerations:
<input type="checkbox"/> Uses a cane
<input type="checkbox"/> Uses a walker
<input type="checkbox"/> Uses a wheelchair
<input type="checkbox"/> Other (please specify):
Health considerations:
<input type="checkbox"/> Deaf/hard of hearing
<input type="checkbox"/> Blind/visually impaired
<input type="checkbox"/> Living with Alzheimer's or Dementia
<input type="checkbox"/> Other (please specify):
Do you consider yourself a homebound person? <input type="checkbox"/> Yes <input type="checkbox"/> No

The primary focus of the IG Outreach Program is social connection; however, we can offer in-home light task support (max 30 min. visit)*. In addition to friendly visiting, what kind of supports would you be interested in receiving?
<input type="checkbox"/> Recreation (i.e. games, activities, community outings)
<input type="checkbox"/> Light housekeeping (limited to 30 minutes/visit)
<input type="checkbox"/> Meal preparation
<input type="checkbox"/> Walks or exercise
<input type="checkbox"/> Other (please specify):

*We do NOT provide assistance with activities of daily living (i.e., personal hygiene or medical needs), grocery shopping, or transportation



Preferred Days and Times			
Mondays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Tuesdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Wednesdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Thursdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Fridays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Saturdays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)
Sundays	<input type="checkbox"/> Morning (8:30am-12 noon)	<input type="checkbox"/> Afternoon (12 noon-4:30pm)	<input type="checkbox"/> Evening (4:30-7:30pm)

How did you find out about the program?

What are your interests, hobbies, and leisure activities?

What interested you about this program and what do you hope to gain from taking part?
