

ACCESS NEEDS FORM (please print)

Name: _____

Address: _____

Suite No: _____ City: _____

Province: _____ Postal Code: _____

Phone (H): _____ Phone (Wk): _____

Fax: _____ email: _____

What is your disability? (Please be specific:)

Dietary Needs:

Foods to be avoided (please be specific:)

Allergy Needs:

Air Purifier

Humidifier

Smoke Free Room

Other Allergy Needs (please be specific)

Mobility Needs:

Wheelchair Accessible Room/Bathroom

Wheelchair Accessible Transport

Manual Wheelchair On Site

Scooter On Site

Wheelchair Pusher

Other Mobility Needs (please be specific)

Attendant Needs:

Part-Time Attendant Full-Time Attendant

Bringing Own Attendant

Other Attendant Needs (please be specific)

Visual Needs:

- Large Print Braille
 - Deaf/Blind Intervenor
 - Computer Disk Guide Dog Care Or Assistant Care
 - Other Visual Needs (please be specific)
-

Hearing Needs:

- Sign Language (French)
- Oral Interpreter (French)
- Loop System
- Sign Language (ASL)
- Oral Interpreter(English)
- IR System
- Sign Language (English)
- Deaf/Blind Intervenor
- FM System

Language Needs:

- Plain Language
 - Other Language Needs (please be specific)
 - French To English Translation
 - English To French Translation
-

Dependent Care

- Child Care
 - Parent
 - Partner/Spouse
 - Other Dependent Care (please be specific)
-

Other Needs or Comments:
