

AUTONOMY QUESTIONNAIRE

(Section 2)

Information on your physical condition and level of autonomy

1. Do you suffer from a spinal cord injury? Yes No

If yes;

Is it a injury: Traumatic (accident, fall, etc.) Non-traumatic (disease, hernia, etc.)

Injury level: _____ Paraplegia Tetraplegia → Partial Complete

Cause of injury: _____

2. Do you suffer from one or more types of physical impairment(s) Yes No

If so, what type of disability is it?

Motor impairment Yes No ; Upper body Lower body

Cardio-respiratory impairment Yes No

Hearing impairment Yes No

Visual impairment Yes No

Intellectual disability Yes No

Neurological impairment Yes No

Other type of impairment: _____

3. Do you use a mobility aid?

Manual wheelchair Not applicable Inside the home Outside the home

Electric wheelchair Not applicable Inside the home Outside the home

Cane, crutch, rollator, walker Not applicable Inside the home Outside the home

3 or 4 wheel mobility scooter Not applicable Inside the home Outside the home

Commode chair Not applicable Inside the home Outside the home

Hoist Not applicable Inside the home Outside the home

Adjustable bed (hospital bed) Not applicable Inside the home Outside the home

Other: _____

4. How do you do the following activities?

A – Health management

- Bandages Alone With partial aid With complete aid
- Force-feeding Alone With partial aid With complete aid
- Medication Alone With partial aid With complete aid

B – Activities of daily living

- Shower Alone With partial aid With complete aid
- Changing Alone With partial aid With complete aid
- Eating Alone With partial aid With complete aid
- Going to the washroom Alone With partial aid With complete aid
- Moving in my environment Alone With partial aid With complete aid

C – Activities of domestic life

- Doing grocery Alone With partial aid With complete aid
- Doing chores Alone With partial aid With complete aid
- Managing your property Alone With partial aid With complete aid
- Moving in my community Alone With partial aid With complete aid
- Are you registered for paratransit? Yes No

D - Productivity

- Work Yes No
 Alone With partial aid With complete aid
- Study Yes No
 Alone With partial aid With complete aid
- Volunteer Yes No
 Alone With partial aid With complete aid
- Parental role Yes No
 Alone With partial aid With complete aid

- E - Leisure Alone With partial aid With complete aid

Give us a brief overview of your hobbies: _____

4. How do you do the following activities? (continued)

F – Home Security

- | | | | |
|---|--------------------------------|---|--|
| Contact emergency services | <input type="checkbox"/> Alone | <input type="checkbox"/> With partial aid | <input type="checkbox"/> With complete aid |
| Leaving the home in an emergency | <input type="checkbox"/> Alone | <input type="checkbox"/> With partial aid | <input type="checkbox"/> With complete aid |
| Call for help in case of a fall | <input type="checkbox"/> Alone | <input type="checkbox"/> With partial aid | <input type="checkbox"/> With complete aid |
| Lock and unlock the front door | <input type="checkbox"/> Alone | <input type="checkbox"/> With partial aid | <input type="checkbox"/> With complete aid |
| Identify the person and answer the door | <input type="checkbox"/> Alone | <input type="checkbox"/> With partial aid | <input type="checkbox"/> With complete aid |

5. Elements relating to home support

Do you receive help from the CLSC to help facilitate your stay at home? Yes No

If so, how many hours per week are you entitled to? _____

Are these help hours enough to meet all your needs? Yes No

Do you receive help from an organization to help facilitate your stay at home? Yes No

If yes, which organization(s): _____

Type of help received: _____

Do you receive help from a caregiver to help facilitate your stay at home? Yes No

If yes, do they currently reside with you? Yes No

What is their relation to you? _____

DISCLOSURE OF INCOME SOURCES AND PERSONAL ASSETS

(Section 3)

Revenues

1. Amount entered on line 150 of your federal notice of assessment: \$ _____
2. Are you an income security recipient? Yes No If yes, provide a copy of your RL-5 slip
3. Do you receive housing allowance? Yes No If yes, what is the annual amount: \$ _____
4. Do you benefit from the rent supplement? Yes No If yes, what is the annual amount: \$ _____
5. Do you receive food support? Yes No If yes, what is the annual amount: \$ _____
6. Do you have an insurance? Yes No If yes, what is the annual amount: \$ _____

Assets

1. Do you own your main residence? Yes No
 If yes, what is its assessed value recorded on your last property tax account? \$ _____

2. Do you own a secondary residence and/or a chalet? Yes No
 If yes, what is its assessed value recorded on your last property tax account? \$ _____

3. Do you own a property that generates revenue? Yes No
 If yes, what is its assessed value recorded on your last property tax account? \$ _____

4. Do you hold one or more investments (RRSP, RDSP, mutual funds, stocks, etc.)? Yes No
 If so, what type(s) of investment(s) and for what amount(s)? _____

5. Are you a business owner? Yes No
 If yes;
 Name: _____
 Book value: _____
 Ownership percentage: _____

Constitution of your household

1. Total number of people in your household: _____

2. Household made up of a couple only: Yes No

3. Number of adults: _____

4. Number of children: _____

5. Number of dependents: _____

By signing this document, I accept and authorize the Adapte-Toit Foundation to use for awareness and promotion purposes for the Foundation and the cause of spinal cord injury my name, my story, my photograph, video material of me , as well as the amount of the grant awarded to me. I am also committed to collaborating with the Foundation as a volunteer spokesperson.

Initials Applicant _____ Guarantor _____

I certify that this information is complete and true and that I have in no way distorted, falsified or omitted facts that could invalidate this form or influence the decision of the Adapte-Toit Foundation. I authorize the Adapte-Toit Foundation and its representatives to obtain or exchange personal information with any professional in the field, doctor, owner of the accommodation I occupy, if applicable, and persons mentioned in this document, in order to assess the eligibility of my application. The information collected will be used only for the purposes of this request for assistance and will be treated in a completely confidential manner for the duration of the processing of the request. If a support agreement is granted to me, this authorization will remain valid for the entire duration of the intervention.

All applicants and/or sponsors must present a valid photo ID.

Signature as Applicant _____ Guarantor _____

 Date