



FSWC Québec

Children's Intensive Program Application Form

In an effort to provide the most safe and effective program, FSWC Québec requires all clients to complete this application. Information contained on this application will remain confidential.

Please complete the application and send it to:
admission@fswcquebec.ca

After your application is reviewed, our office will contact you by e-mail or phone. The completion of this application does not guarantee your participation in our program.

Client Information

Client Name : _____ Date of Birth (DD/MM/YY): _____

Gender: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information (if different than above)

Name: _____ Email (Required): _____

Address : _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Relation to client: _____

Additional contact person : _____ Phone: _____

Primary Care Physician: _____ Specialist(s): _____

Primary Diagnosis: _____ Therapy currently receiving: _____

Medical History

1. Birth History (gestation at birth): _____

2. Diagnoses (List all) : _____

3. List any medications your child is taking and reason for taking it : _____

4. Medical/Surgical History:

Allergies: _____

Botox/Phenol Injections (dates): _____

Inhibitive/Serial Casting (dates): _____

Fractures (locations/dates): _____

Rhizotomy (date): _____

Muscle Lengthening (location/dates): _____

Seizures (severity and date of last one): _____

Heart Problems/Hypertension/Heart Surgeries: _____

Breathing/Lung Problems (is your child on any monitors or oxygen? Tracheostomy? Asthma?): _____

Diabetes (insulin?): _____

Sensation/Loss of Feeling (location): _____

Scoliosis (location/degree): _____

Vision/Hearing: _____ Glasses: _____ Hearing Aides: _____

Shunts (hydrocephalus) : _____

G-Tube/Feeding Problems/Restrictions: _____

Kidney Problems (catheterized?) : _____

Medications : _____

Other: _____

5. Child's Abilities (Check what your child can do and the age they started):

- ____ months/years old - Roll over independently
- ____ months/years old - Sit independently
- ____ months/years old - Assume sitting independently from lying down
- ____ months/years old - Crawl
- ____ months/years old - Stand: _____ holding on _____ independently
- ____ months/years old - Walk: _____ holding hands _____ independently
- Other : _____

6. List any medical equipment that your child is utilizing (such as braces, splints, standers, walkers-what type, crutches, canes, wheelchairs, etc.) : _____

7. How do you communicate with your child/how do they communicate with you? _____

Can your child follow 1-step commands? Yes Sometimes No

Can your child follow 2-step commands? (for example- first..., then...) Yes Sometimeses No

Can your child follow complex commands? Yes Sometimes No

Is your child able to move his or her body parts (for example, arms, legs, head) upon request? Yes Sometimes No

8. What motivates your child(for example, favorite toys, bubbles, TV, praise)_____

9. What are the patient/family goals of the Intensive Therapy Program? _____

10. Has your child ever been denied therapy at a clinic that provides intensive therapy? _____

11. Has your child ever been denied therapy at a clinic that provides intensive therapy? Yes No

(If yes, explain when and why)_____

12. What is your child's:

Height: _____ inches Weight: _____ lbs Shoe Size: _____

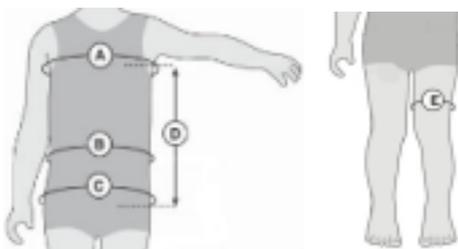
A. Chest: _____ inches

B. Waist: _____ inches

C. Hips: _____ inches

D. Length (underarm to hip): _____ inches

E. Thigh (mid): _____ inches



13. Our intensive program is designed to meet the individual needs of the child. Starting in October, we will have availability to offer 14.5 hours/week of sessions, for four weeks (*see available time slots below). The number of hours of the program can be reduced according to the needs and/or age of the child even after your child starts our program. (ex. 1 to 2 hours per day for a child under 3 years old). The number of weeks can also be reduced or extended, but we must decide this before the start of your program.

*Time slots available as of October are:

Monday, Tuesday 1:00-4:00, Wednesday 2:30-5:00, Thursday: 1:30-4:30 Friday 9:00-12:00

13-1. Would you like to start the program in October if we confirm the acceptance of your application 3 weeks in advance?

Yes (Answer question 13-2.) No (Answer question 14)

13-2. If yes, is it possible for you to come during all of the above time slots?

Yes for 4 weeks

Yes for _____ weeks

No (Answer question 13.3)

13.3. If you answer 'No' to question 13-2, please tell us what time slots and number of weeks are best for you. (e.g. for children under 3 years old, we suggest 2 hours max/day). Theoretically, it is possible to split into two blocks, one in the morning and one in the afternoon to make the total 3 to 4 hours/day. But for the moment, we don't have any time available to give 4 hours/day.

14. If you answer 'No' to question 13.-1, when would you like to start?

15. If you are also available on weekends, please provide details of your availability.

16. Comments

Once we receive your completed application, it will be reviewed by our team of therapists. You will be informed of the outcome and the scheduling process will begin according to the availability of our therapists.

If there is availability for your child, we will send you a certificate to be signed by your child's physician. You must have their authorization, based on your child's current health status, that your child can participate in our intensive program. A hip x-ray report/date must be provided, if your child's doctor feels there is a risk of hip subluxation.

Service Fee

Please understand that the cost to offer our program is \$125/hour for the year 2022. As you already know, we are a charitable organization that values the importance of accessibility to professional services at the most affordable cost possible, allowing interested individuals to benefit from our services on an intensive, long-term basis, depending on their goals.

Thanks to donations from foundations, companies and individual donors that we have collected with the team of volunteers during our fundraising campaign, for Quebec residents who holds a Quebec medical card as a proof, we can offer the service at \$40/hour, which is 30% of the actual cost of \$125/hour, paid by the client for 2022. Because these donations come mostly from Quebec.

To compensate for the 70% difference between the cost assumed by the client and the actual cost, we will either charge third parties, such as private insurance companies, health plans, the amount closest to the actual cost or use the donations collected.

For those who have insurance coverage for the kinesiology service, we use a formula to establish the billable amount, based on the maximum plateau of each client's coverage program. With this formula, after clients are reimbursed by third parties, the amount they will be charged will never exceed \$40/hour. In this way, we are able to receive third party reimbursements as close to the actual cost as possible to help ensure our sustainability, which is very important in order to continue to offer the service at an affordable cost.

The service fee for residents of Canada (outside of Quebec) is set at 90\$/hour.

Our organization benefits from the support of many volunteers who accept to give their time to the cause to cover all the administrative tasks.