



**Fred's Club**  
A NOVELTY AGING & DISABILITY  
SUPPORT CORP VENTURE

3701 Lakeshore Blvd West # 48553  
Toronto ON M8W 1P8  
Tel: (416) 521-7384  
Web: [www.fredsclub.ca](http://www.fredsclub.ca)  
Email: [info@fredsclub.ca](mailto:info@fredsclub.ca)

Dear Applicant,

Thank you for your interest in Fred's Club Adult Day Program. The focus of this program is to engage adults with developmental & physical disabilities in daily group activities to improve their social, life skills, allow for recreation and community involvement. The program will operate daily Monday through Friday from 8 am until 8 pm. There will be opportunities for a full or part time enrollment. In addition, weekend and summer camps will also be offered with main focus on socialization, recreation, physical activity and community outings. Meals and transportation within catchment area will be provided.

The process of enrollment includes:

1. Completion of initial application form (attached)
2. Detailed in-home interview for initial individual needs assessment before admission into the program to assess participant needs and abilities
3. Development of individualized plan and learning goals that will address participants learning needs (improving their ability to care for self, learning to become more independent with activities of daily living, improving their social skills, allowing an opportunity to communicate with peers, improving physical abilities, and having their recreational needs met)
4. Development of individualized treatment plan and provide case management that will include family participation and input, health monitoring, nutritional support, information on other community services and referral if needed
5. Develop schedule of program attendance and evaluation of service availability

Once your completed application is received, we will contact you by phone to schedule time to meet for initial needs assessment. Should you have any questions regarding Fred's Club Adult Day Program, please call 416-521-7384 or email at [info@fredsclub.ca](mailto:info@fredsclub.ca). Thank you, again, for your interest in this program.

Regards,

Lana Gadd  
Fred's Club Program Coordinator



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Application Date:	
Name of participant (last, first)	
Date of birth	Gender
Home address	
Phone	Email
Mother's name (last, first)	
Father's name	
Guardian or Caregiver name (last, first)	
Relationship to participant	
Address, if different from above	
Diagnoses	
Allergies (medication and environmental)	
Dietary requirements or restrictions:	
Behavioural challenges:	
Self (or others) harming behaviours?	



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Property destruction?							
Physical challenges:							
Emotional challenges:							
Accommodation needs							
Mobility	Ambulatory		Assistive devices			Wheel chair	
Supervision	Minimal		Moderate	Constant		Wandering	
Personal interests							
ADP attendance & service requirements:							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME							
END TIME							
TOTAL DAILY HOURS							
Support worker							
Able to function with staff:participant ratio = 1:5			Needs more intense support (please specify):			Will provide own support worker:	



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**Transportation**

(service boundaries: south of Dundas St, West of Kipling Ave (Etobicoke), East of Trafalgar Rd. (Oakville))

Requires transportation to ADP	Requires transportation from ADP	Will use own transportation	Will use Wheel Trans or other
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**Community exploration and engagement**

Able to attend daily trips to nearby parks, malls, library or local attractions?

Assistance required:

Able to attend longer trips to Niagara, zoo, science centre or similar?

Assistance required:

Difficulties with outings (please explain)

Please specify

What are you looking for in an adult day program? (Please provide details)

Initial home assessment (preferred day of the week, time):

PLEASE RETURN COMPLETED APPLICATION by

Mail: Novelty Aging & Disability Support Corp. 3701 Lakeshore Blvd West # 48553, Toronto ON M8W 1P8

Email: [info@fredsclub.ca](mailto:info@fredsclub.ca)