THE ASSOCIATION OF DEVELOPMENTAL SERVICES ONTARIO
1-3735 ST. JOSEPH BOULEVARD
OTTAWA, ONTARIO K4A 0Z7
TEL: 613-834-8187 / FAX: 613-841-1712

Membership Application

To apply for membership please complete all questions and forward to lensr@sonshinefamilies.ca

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Legal Name of Organisation*

Executive Director or Primary Person Information*

Full Name | Position or Title

Direct Telephone Line | Email Address

Alternate Contact Information*

Full Name | Position or Title

Direct Telephone Line | Email Address

Organization Address*

Street Address

City

Province

Postal Code

To whom does your agency provide services? (example: Service Coordination Ottawa, CAS, etc)*

Brief Summary of Types of Agency Services* (example: Group Homes, Parent Model homes, (e)SIL, Respite, Day Programs, camp programs. Day and residential, other). Please select applicable boxes.

Parent Model Home ☐ Adult Group Care (Unlicensed) ☐ Group Care (licensed) ☐ In-house Respite ☐

Out of home Respite ☐ Day Program Services ☐ Day Camp or Overnight Services ☐ S.I.L. or E.S.I.L ☐

Other ☐ _____

Please indicate the type of demographic your agency serves* (example: developmental disabilities, dual diagnosis, correctional, substance abuse, human trafficking, full-care, children or adults, behavioral, etc)

Total Number of Clients Currently Served*

Agencies Number of Years' Experience* (i.e. How many years of experience does your agency have working in the developmental disabled and dual diagnosis field?)

Please submit your application to (lensr@sonshinefamilies.ca)

Signature of Person Completing Application | Date (M/D/YEAR)

ANNUAL MEMBERSHIP FEE IS $650.00. PLEASE E-TRANSFER MEMBERSHIP FEES TO LENSR@SONSHINEFAMILIES.CA. AN INVOICE FOR YOUR MEMBERSHIP FEE WILL BE PROVIDED.

A.P.O.D.S. OFFICE USE ONLY

Signature and Name of Person Reviewing Application | Date Reviewed (M/D/YEAR)