



Communication Assistance for Youth and Adults

Suite 700-655 West Kent Ave N, Vancouver, B.C., Canada V6P 6T7
Phone: 604 326-3500 Fax: 604 266-2463 www.cayabc.org

Request for Service (RFS)

(May 2023)

CAYA USE ONLY: Date Received _____ Initials: _____

Applicant's Personal Information: Surname: _____ Given Name(s): _____ Birth date (yy/mm/dd): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Personal Health Number: _____		Please indicate if appropriate: <input type="checkbox"/> Regular Service <input type="checkbox"/> CAYA Affiliate <input type="checkbox"/> CAYA Partner <input type="checkbox"/> Student Leaving School
Mailing Address for where Applicant resides: Address: _____ City: _____ Province: _____ Postal Code: _____ Tel: _____ Fax: _____ Email: _____		Funding Agency: <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> CLBC <input type="checkbox"/> Other _____ If applicable: Claim Number: _____ Representative: _____
School Information - if applicable Name of School: _____ School District & Number: _____ Key School Contact: Name: _____ Tel: _____ Email: _____		
Disability Diagnosis: Describe the Applicant's current communication skills: 		What is the goal for this request?
Speech/Language Services: Name: _____ Agency: _____ Phone: _____ Date: _____	Physical/Occupational Therapy: Name: _____ Agency: _____ Phone: _____ Date: _____	Other >> Specify: _____ Name: _____ Agency: _____ Phone: _____ Date: _____

KEY CONTACT (who we will contact regarding this request): Surname: _____ Given Name(s): _____ Relationship: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____ Tel (home): _____ Tel (work): _____ Email: _____	Family/Guardian (if not the Key Contact): Surname: _____ Given Name(s): _____ Relationship: _____ Address: _____ City: _____ Prov: _____ Postal Code: _____ Tel (home): _____ Tel (work): _____ Email: _____
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize CAYA and/or its representatives to release to or obtain from such agencies, individuals, provincial resource programs, educational institutions, medical centres, or hospitals, any and all pertinent information which may be necessary to assist in providing me (the applicant) with communication assistance services.

I understand that all such information will be treated as confidential and privileged and used only for the purpose of providing communication assistance.

I understand and agree to communicate with CAYA Staff in person and via telephone ☐ Yes ☐ No
I also agree to communicate with email, social media, and online meeting platforms. ☐ Yes ☐ No

I am nineteen years of age or older, or I am in my last semester of high school.

Signed: _____ Name (Please Print): _____
(signature)

Relationship: ☐ applicant, ☐ parent, ☐ guardian, ☐ representative, ☐ other _____

Signed on the ____ day of (month) _____ 20 ____.

Witness: _____ Name: _____
(signature) Address: _____

If the applicant is unable to sign, a second witness is required.

Witness: _____ Name: _____
(signature) Address: _____

PLEASE LIST ANY COMMUNICATION SYSTEMS THAT THE APPLICANT IS CURRENTLY USING:	
System:	Who provided it:
Please provide any other information which could be of assistance to CAYA staff in providing service. Attach additional pages and reports that are relevant to this request.	

Important: Please return this signed form to CAYA
(May 2023)

Forms only accepted by Fax or Canada Post