

Please complete the below form and submit with information on Service being requested.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Nature of Disability:

Do you use an assistive device to assist you to hear, see or communicate?  Yes  No

If answered, yes please add comments:

Are there methods of communication that may be used by yourself or that may facilitate communication with you, such as an augmentative or alternative communication system, sign language or clear, concise and plain language.  Yes  No

If answered, yes please add comments:

Booking Information:

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date of Required Assistance: \_\_\_\_\_

Time of Required Assistance: \_\_\_\_\_

Type of Assistance Requested: \_\_\_\_\_

Will you need a Wheelchair?  Yes  No

Preferred Method of Communication: \_\_\_\_\_

*Once complete, please email this form to [info@yxt.ca](mailto:info@yxt.ca)*