

Location _____

Date _____

Coordinator _____

Number of Individuals Served _____

Light Duties Available - Check if applicable

- | | |
|--|---|
| <input type="checkbox"/> Providing Transportation For Supported Individuals
<input type="checkbox"/> Driving Van/CLS Vehicle
<input type="checkbox"/> Administrative Duties/Paperwork
<input type="checkbox"/> Administrative Duties/Paperwork (<i>Coordinator or Assistant Coordinator only</i>) | <input type="checkbox"/> Cooking, Preparing Meals, Light Shopping
<input type="checkbox"/> Reading, Socializing With Individuals
<input type="checkbox"/> Walking With Individuals Who Are Ambulatory
<input type="checkbox"/> Accompanying Individuals Out Into The Community |
|--|---|

Other - *Please List*

Light Duties Could Be Accommodated As Noted Above For A Duration Of:

____ Days ____ Weeks ____ Months ____ Depends On Schedule

Modified Shifts Could Be Made Available: (eg. 4 hours)

Yes No Depends On Schedule (*vacations, staffing needs etc.*) _____

“Supernumerary” Employee Could Be Accommodated: Yes No (*Means employee is an “extra” pair of hands, usually means no lifting, pushing etc. at first.*) CLS does not pay. Insuring body eg. WCB, CIBC, LTD pays.

Light Duties Are Difficult To Offer At This Location Due To - Please Detail

Funding/Staffing Issues _____
(*i.e. needs of individuals would suffer as a result*)

High Physical Demands At Location _____

Other - *Please specify (eg. large wheelchairs, individuals prone to falling, seizures, etc.)* _____

Lifting Required

More than 50 lbs/22.7 kg More than 20 lbs/9.1 kg More than 10 lbs/4.5 kg

Special Equipment Use At Location _____

Other Comments _____
