



Life's a Conversation

Welcome to the Aphasia Institute Participation Agreement



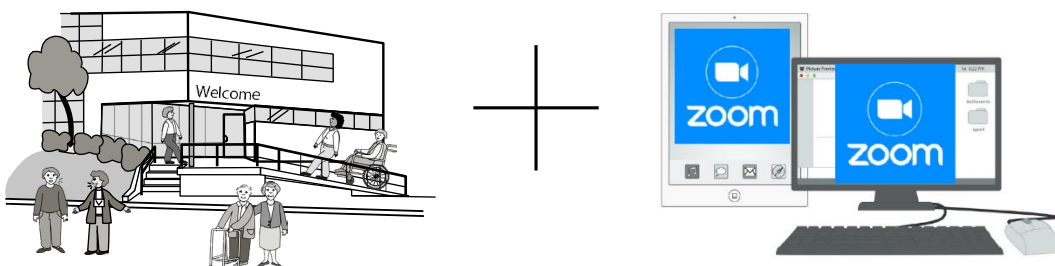
At the Aphasia Institute, we have programs **on-site**



We also have programs **online** on **Zoom**

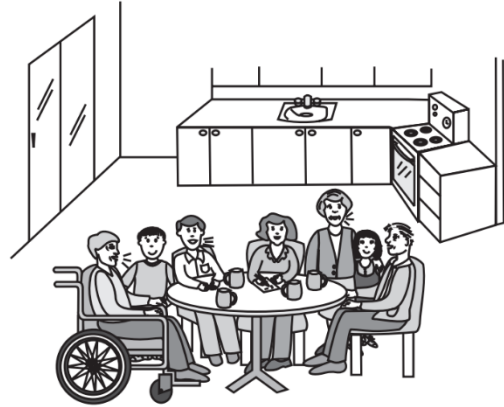


And we have a **hybrid** program



Our programs **on-site** include

Conversation Group

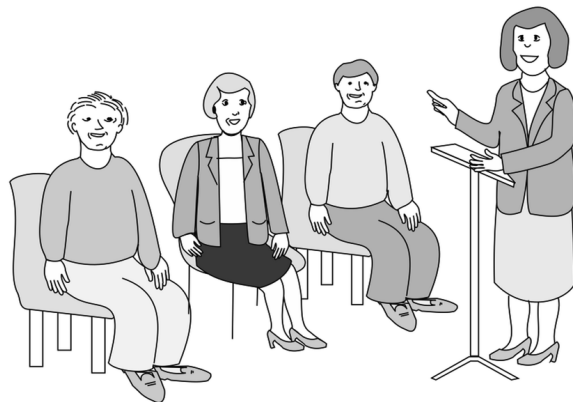


Art Group



Toastmasters*

**This is in person
and online*



Our **online** programs include

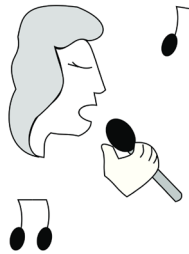
Conversation Group



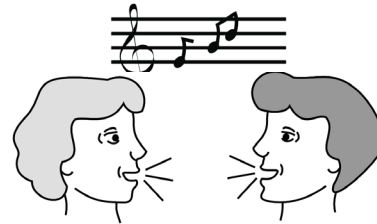
Art Group



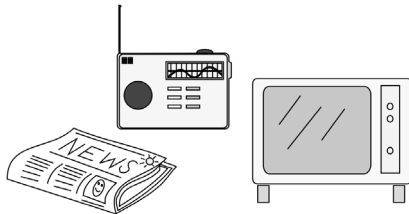
Karaoke



Music Discussion



Current Events



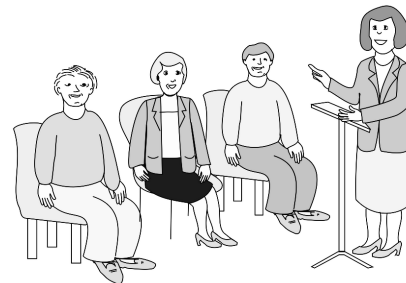
Book Group



Virtual Travel



Toastmasters*



**This is in person and online*

We also have an **Outreach Program**

One on one conversation for an hour

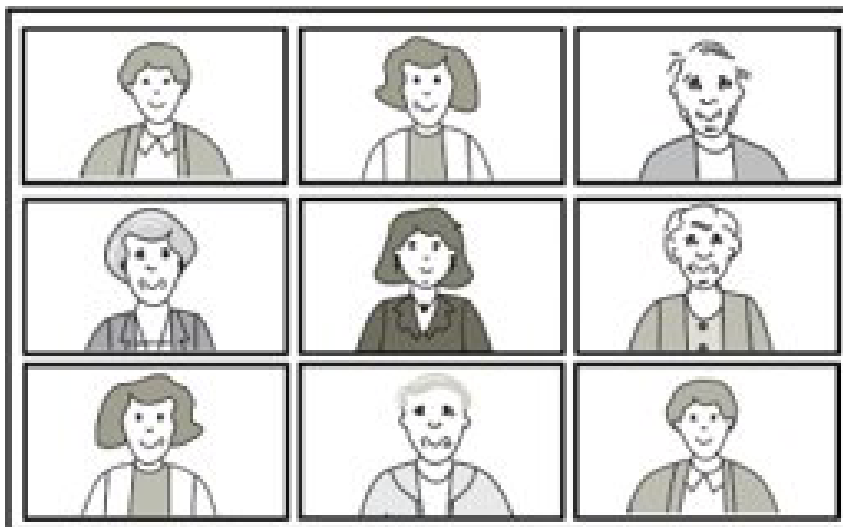


On the **phone**



Over **Zoom**

And **Family Support Groups** for **family members**
of our community



The **Aphasia Institute** is not a medical care facility

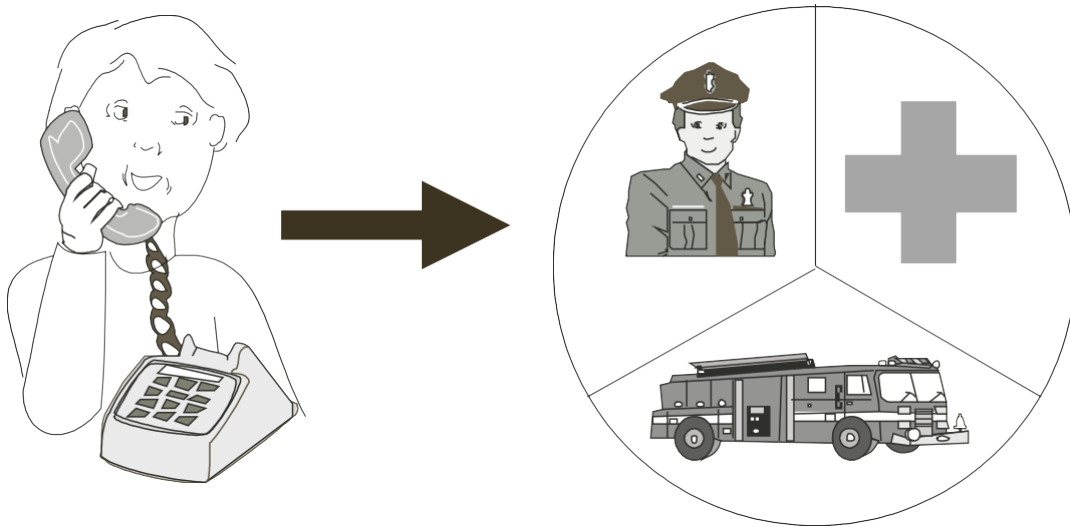


We do not **provide** medical **supervision**

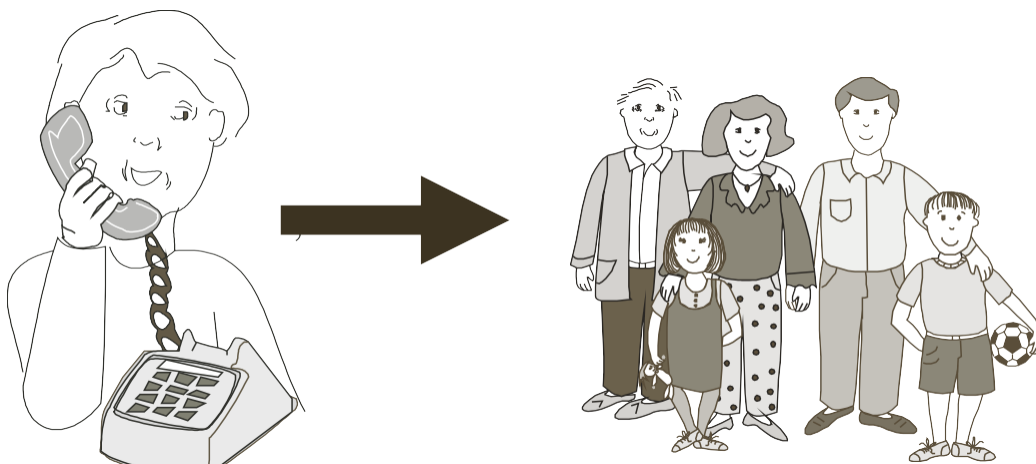


You must **take care** of your **medical needs**

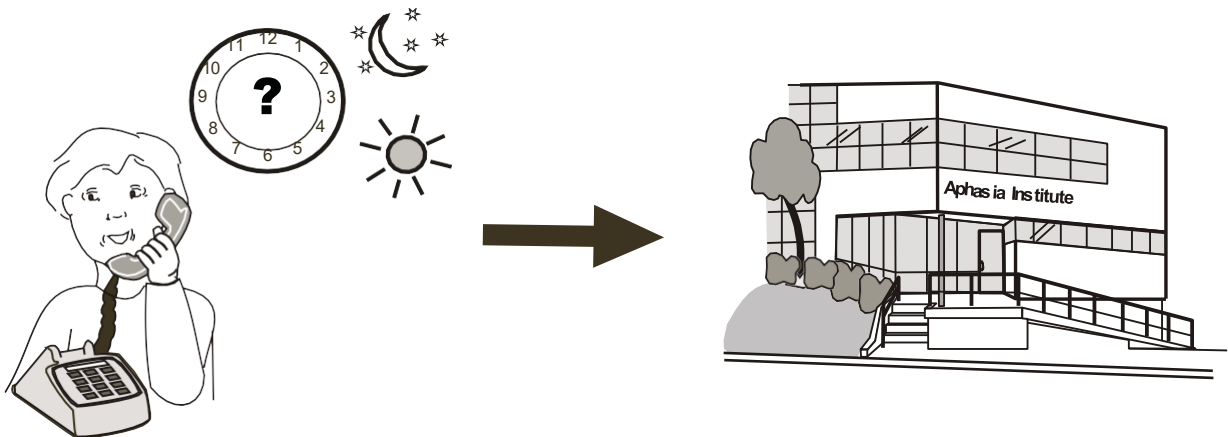
If there is an **emergency**:
We will **call 911**



and we will **contact your family/carer**

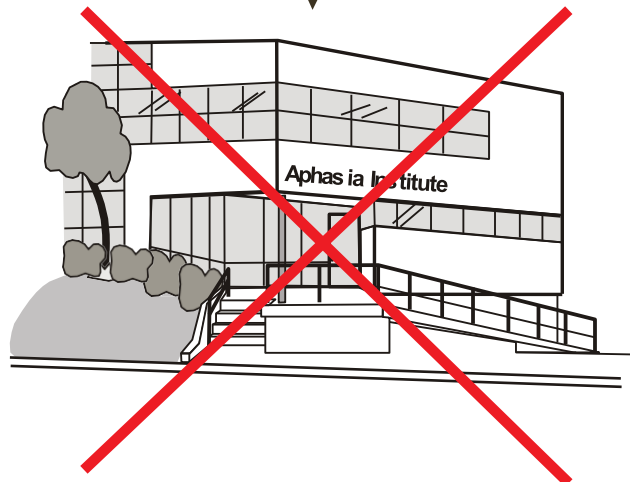


If you feel **ill** or **sick**



Notify the Aphas ia Institute within **24 hrs**

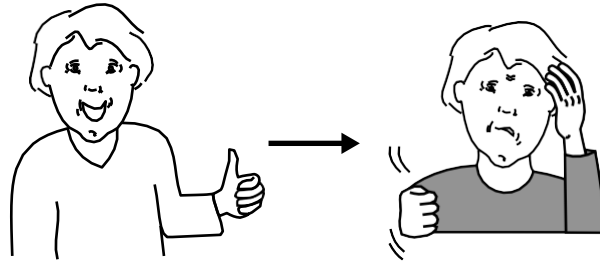
Do not attend programs



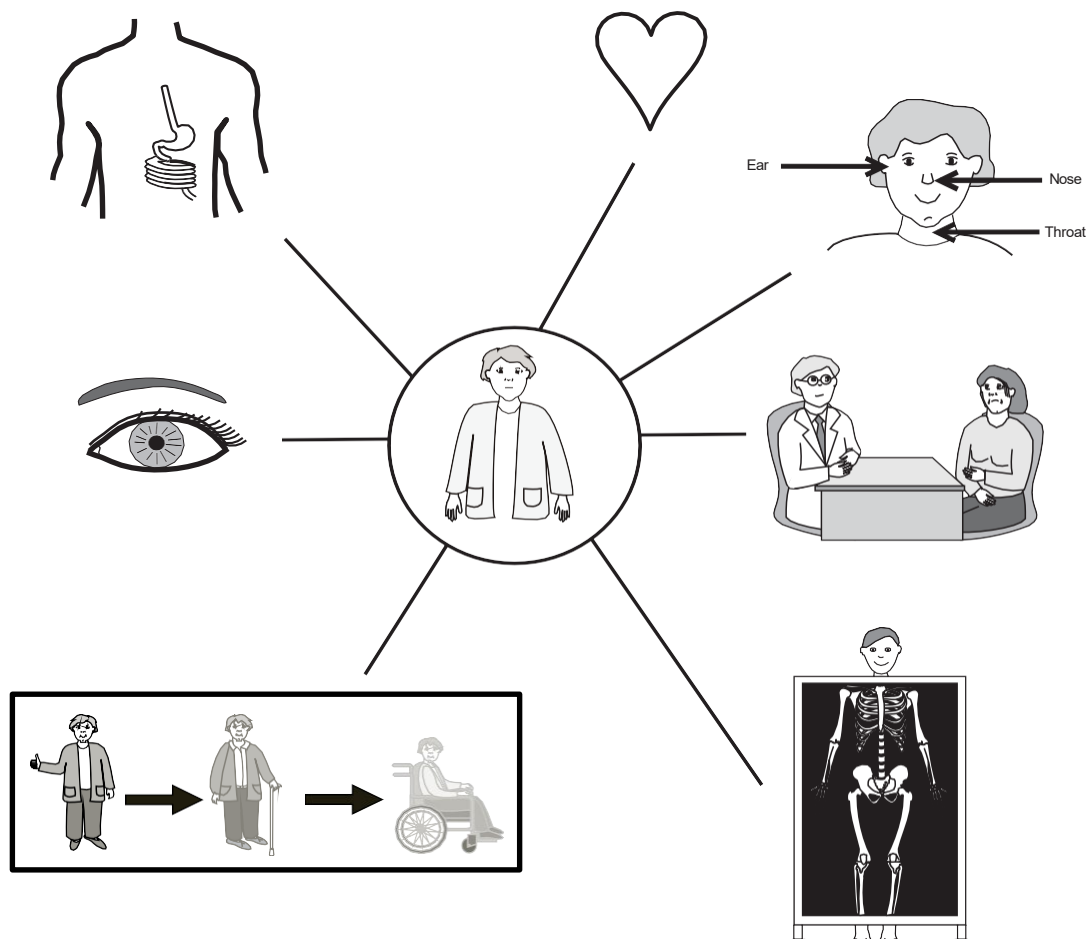
We may **ask** you to **go home** if you are **ill**

Changes

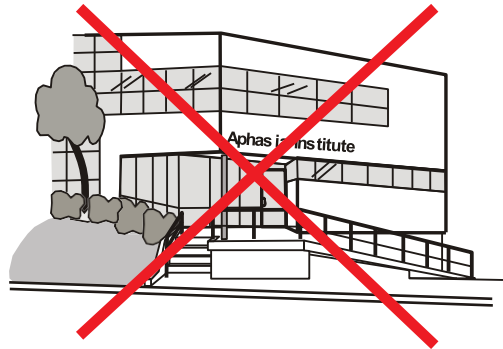
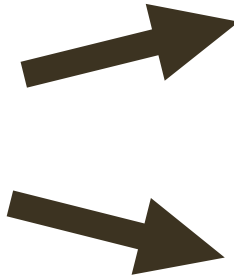
Health and mental status may **change** over time



Tell us if you **experience** any
health or **physical changes**



Please **let us know** if you will **not** be in programs



Please **contact Clare Thompson:**

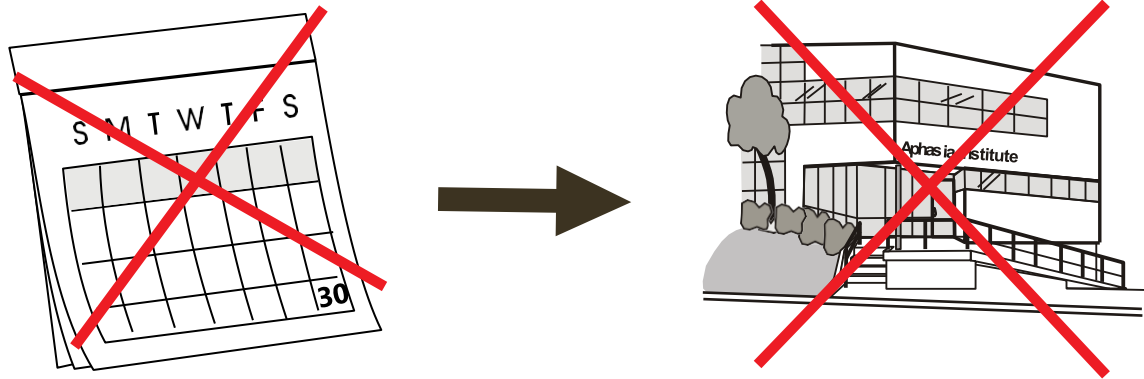


(416) 226-3636 ext 110



cthompson@aphasia.ca

If you are **away** for **more** than **30** days



you may be **discharged** from **programs**

But

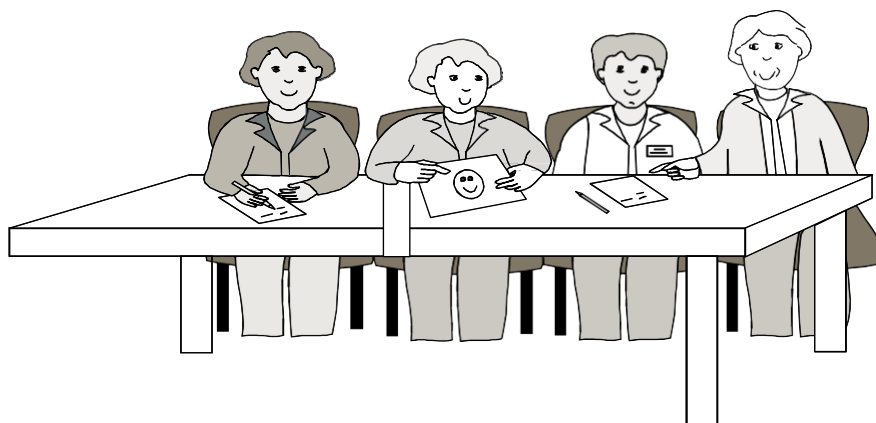
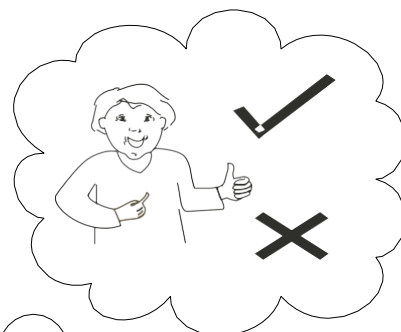
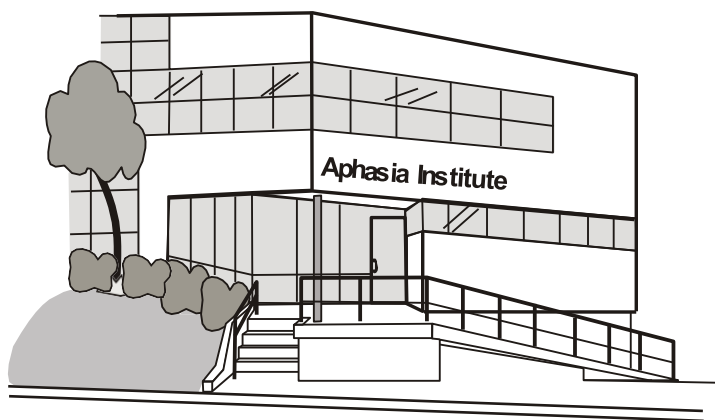
you can **return** to **programs**

Program Registration					
Name: _____			2025 - Term 1 January 6 - June 20		
Monday (Virtual)	Tuesday (Virtual)	Wednesday (Virtual)	Thursday (Virtual)	Friday (Hybrid) (On Site Formal)	
	 Book Group 10am - 11am	 Conversation 10am - 11am	 On Site Art 10am - 11:30am	 Conversation 9:45am - 11am	 Toastmasters 10am - 12am
	 Creative Writing 11:30am - 12:30pm	 Doc Talk 11:30am - 12:30pm	There may be a waitlist	There may be a waitlist	 Hear My Voice (Karaoke) 10:30am - 11:30am
	 Conversation 2pm - 3pm	 Virtual Travel 2pm - 3pm	 Meditation & Relaxation 1pm - 1:45pm	 Creative Arts 2pm - 3pm	

Fee: \$292+\$2 - Questions about fees? Contact Rumi at rumi@aphasia.ca / Send completed forms to Clare at clthompson@aphasia.ca

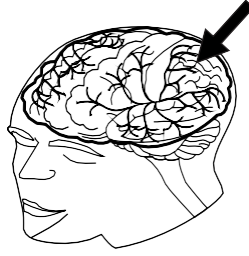
if there is **space** and you **still** meet the **criteria**

Unfortunately, we **sometimes** have to **ask**
people to **leave the program**



Why?

1. If you are experiencing **cognitive changes**

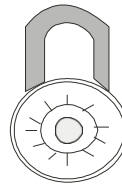


2. If there is a **risk to yourself or others:**

safety



security



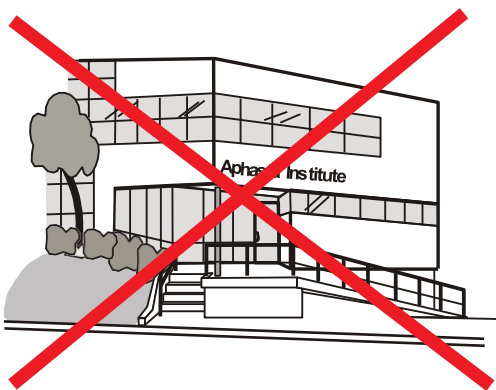
participation



Onsite or online, you may have to leave if you:



**act inappropriately, use inappropriate language,
don't give space/ touch someone inappropriately
and/or if you are abusing substances**



If these things happen, you may have to leave

Fees for Programs

**New Beginnings Program
for new members
(8 weeks)**



\$450

**Community Aphasia
Program
(23 weeks)**

\$292

Annual Fee

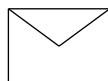
\$2

Questions or concerns?

Please **contact:**



(416) 226-3636 ext. 146




rgutter@aphasia.ca

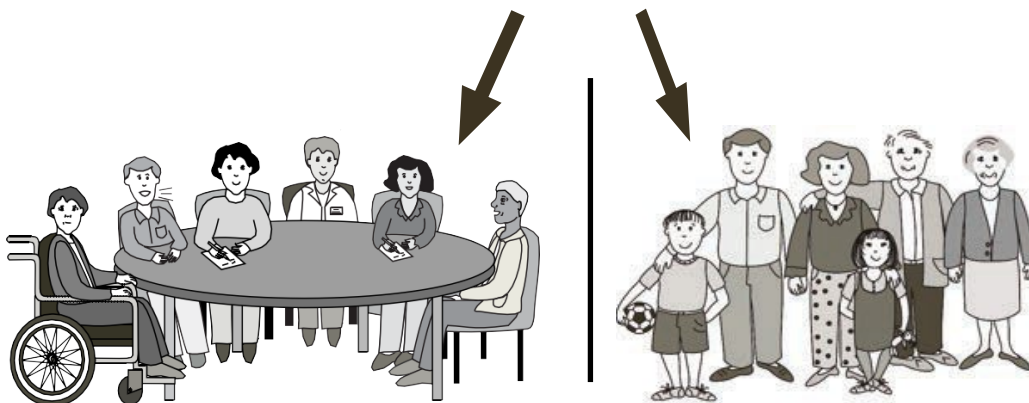
Rumi Gutter

Confidentiality Statement

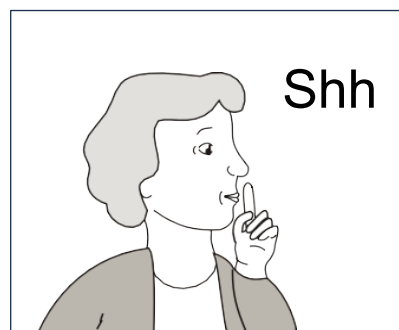
Privacy is important

I may have **access** to **information** about **members**,
their **families** or their **problems** while at
the **Aphasia Institute**.

	Name _____
	Telephone _____
	Address _____
	Stroke _____



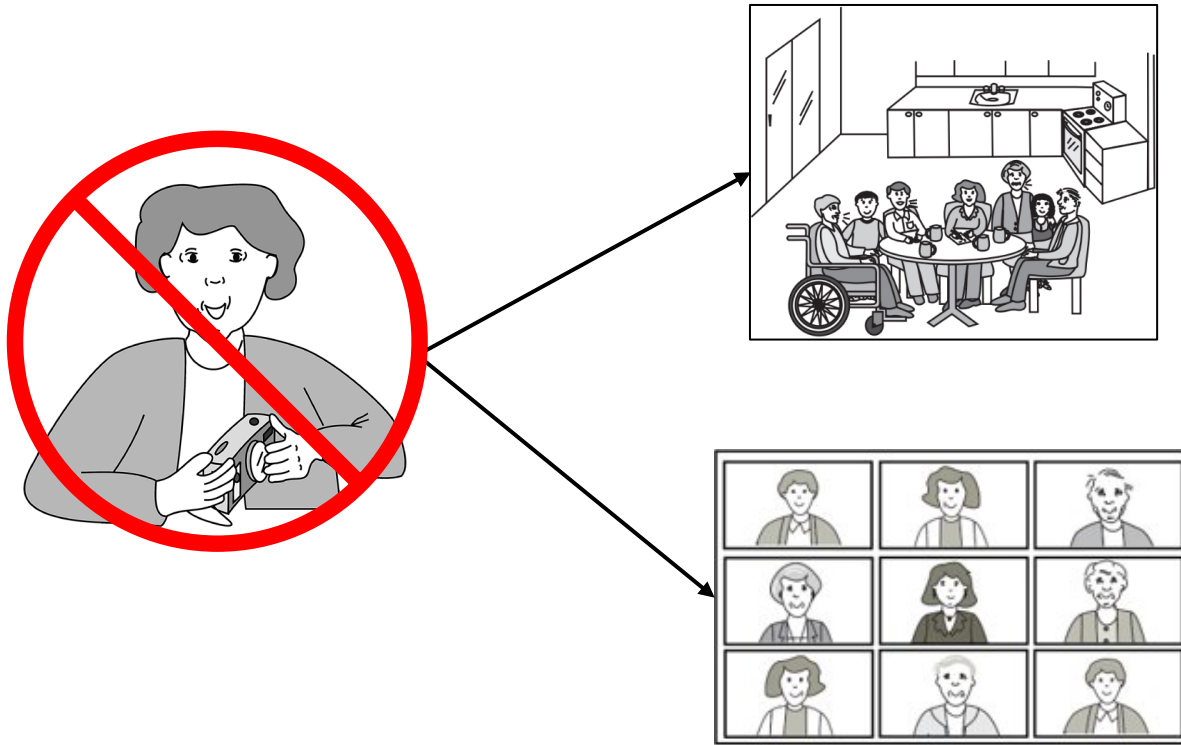
Any **information** you **hear** or **see**,
must be kept **confidential**.



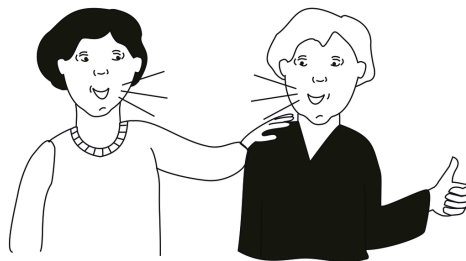
Confidential

Privacy is Important

During programs **online** and **on-site**
Please **do not take photos or screenshots**
of people



Outside of programs, **ask first** before
taking photos



If you need to make a complaint: **Complaints Policy**



Complaints Policy

3 types of complaints

Issues with Programs

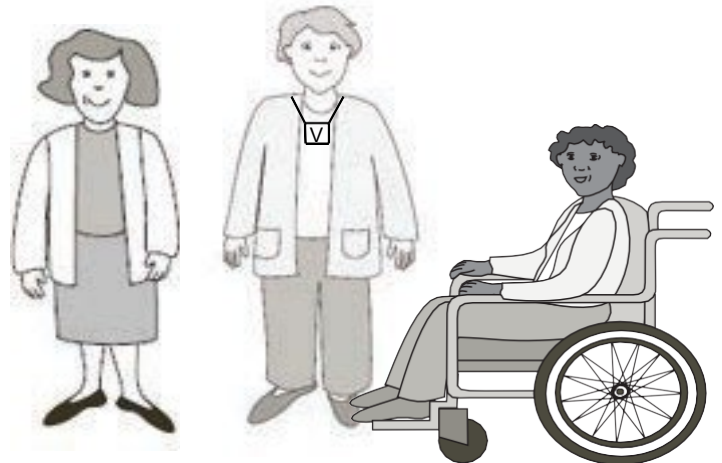
Program Registration 2025 - Term 1
January 6 - June 20

Name: _____

	Monday (Virtual)	Tuesday (Virtual)	Wednesday (Group)	Thursday (Virtual)	Friday (Group)
Morning		Book Group 10am - 11am	Conversation 10am - 11am	Conversation 10am - 11am	Conversation 10am - 11am
Noon	Drop-In 11:30am - 12:30pm (Virtual)	Drop-In 11:30am - 12:30pm (Virtual)	Drop-In 11:30am - 12:30pm (Virtual)	Drop-In 11:30am - 12:30pm (Virtual)	Drop-In 11:30am - 12:30pm (Virtual)
Afternoon	Conversation 2pm - 3pm	Virtual Travel 2pm - 3pm	Conversation 1pm - 1:45pm	Creative Arts 3pm - 4pm	

Fee: \$292+\$2 - Questions about fees? Contact Rhonda at rhonda@aphasia.ca / Send completed forms to Claire at claire@aphasia.ca

Issues with staff, volunteers and/or members



Violation of Rights

Community Bill of Rights

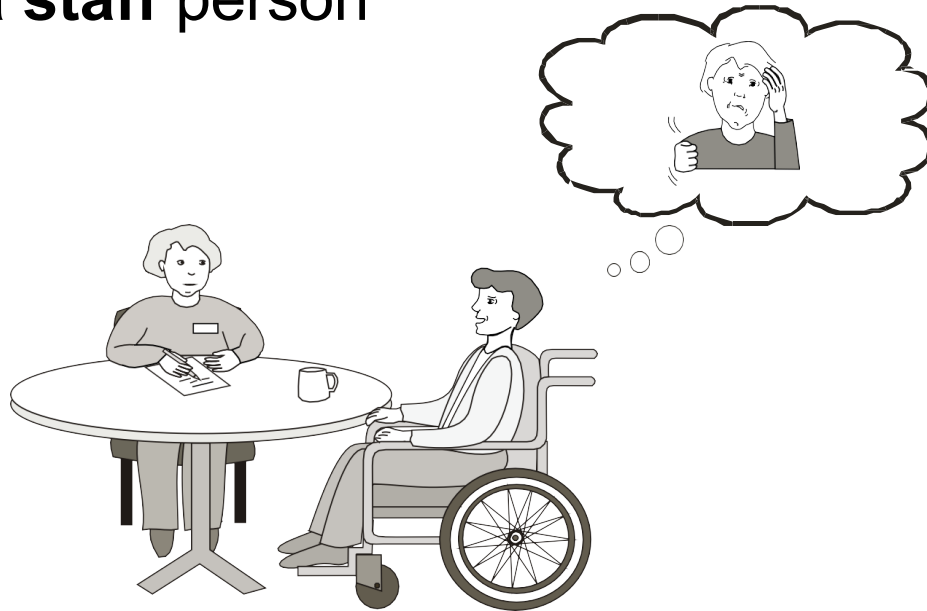
- To be treated with **DIGNITY** and **RESPECT**
- Participate in **MAKING DECISIONS** about your **CARE**
 - Medication: YES / NO
 - Care Conference: YES / NO
- Know **WHO** will **HELP** you
- INFORMATION**
 - Rules
 - Speak Out
- NO ABUSE**
 - Physical
 - Mental Abuse
- PRIVACY**

Beca use this is YOUR HOME

Ontario

Complaint Procedure

Please **communicate** your **complaint** to a **staff** person



If you have any **questions/concerns**,
please contact the privacy officer:



Paul Mazzuchin



416-226-3636 ext. 111

Your complaint will be **taken seriously** and
addressed

We invite everyone to join us

Non-Discrimination Policy



We want to be inclusive

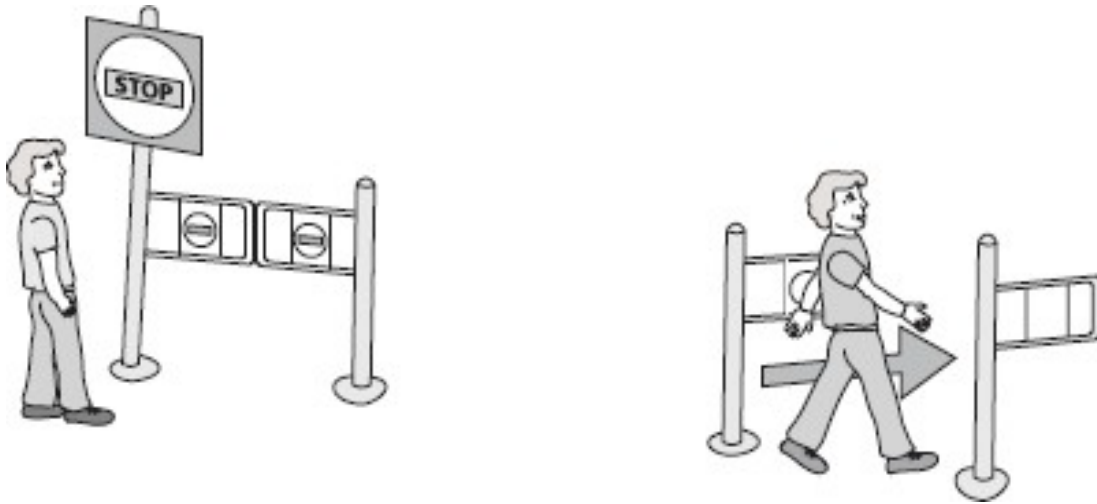


Diversity is strength



We are committed

Non-Discrimination Policy



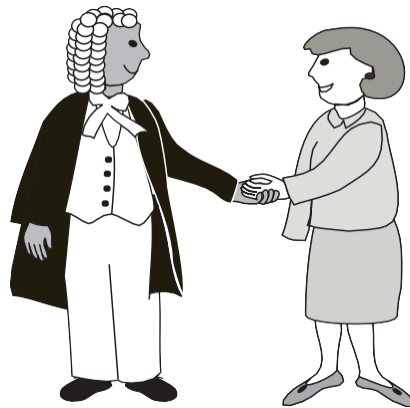
1. Open Doors



2. Employment Equity



3. Professional Development



4. Appeals and Grievances

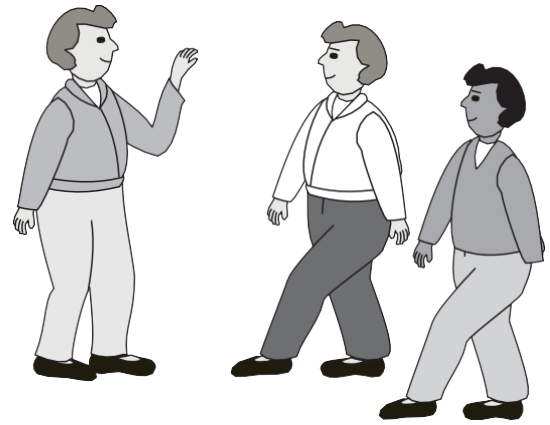
Non-Discrimination Policy



5. Governance and Committees



6. Program/Policy Development



7. Acknowledge Diversity



8. Ensure Barrier-free Environment

For Online Programs

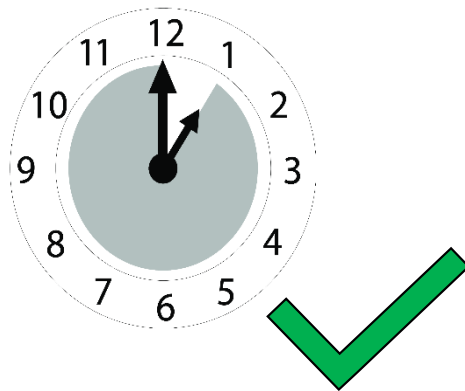
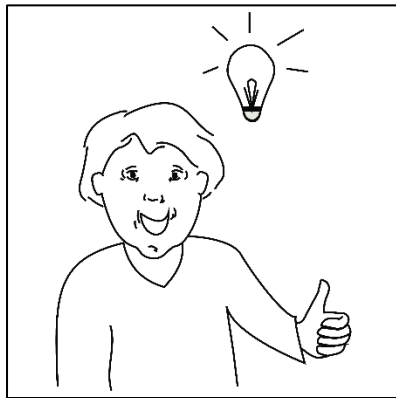


Join from a **quiet** place



Use **headphones** if there is **background noise**



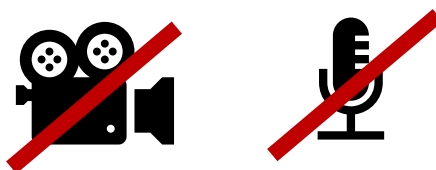


Try to be here for the **whole** session

If you need to **step away** for a moment



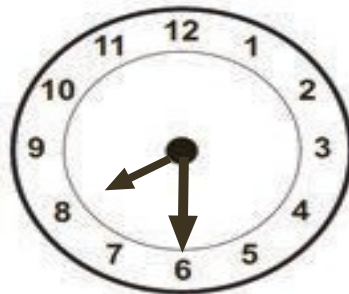
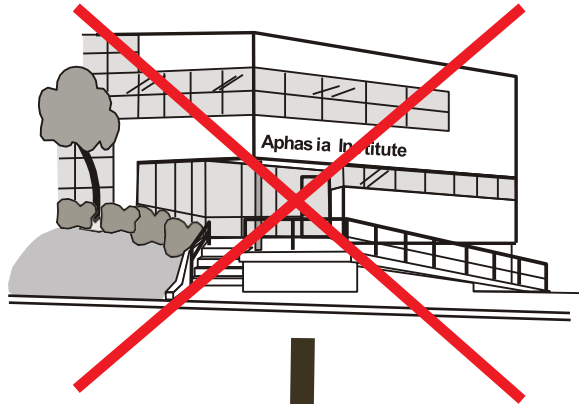
Please **turn off** your **camera** and **mic**
until you return



For On-site Programs



Onsite, the Aphasia Institute **opens** at 8:30 a.m.

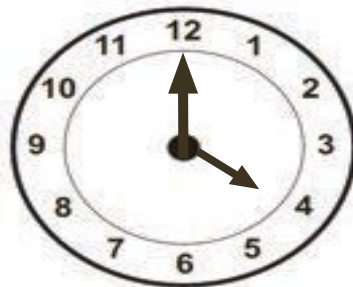


8:30 a.m.

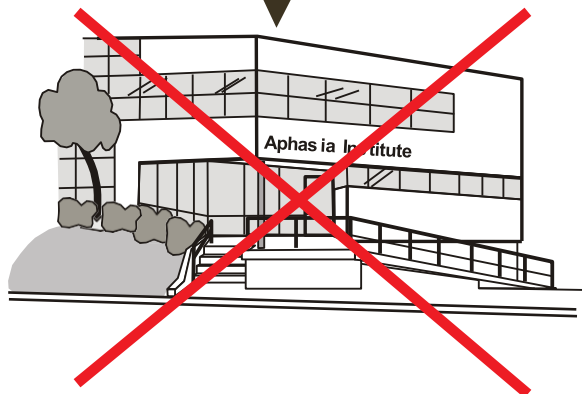


Do not book your ride before 8:30 a.m. drop off

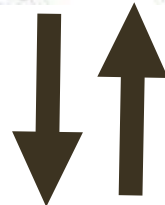
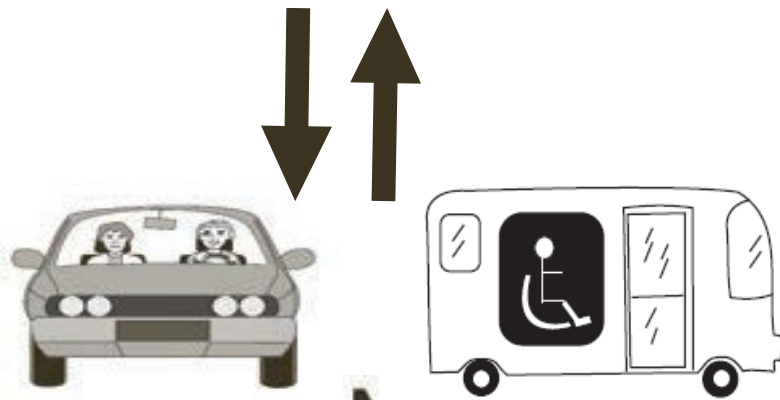
Onsite, the Aphasia Institute closes at 4:00 p.m.



4:00 p.m.

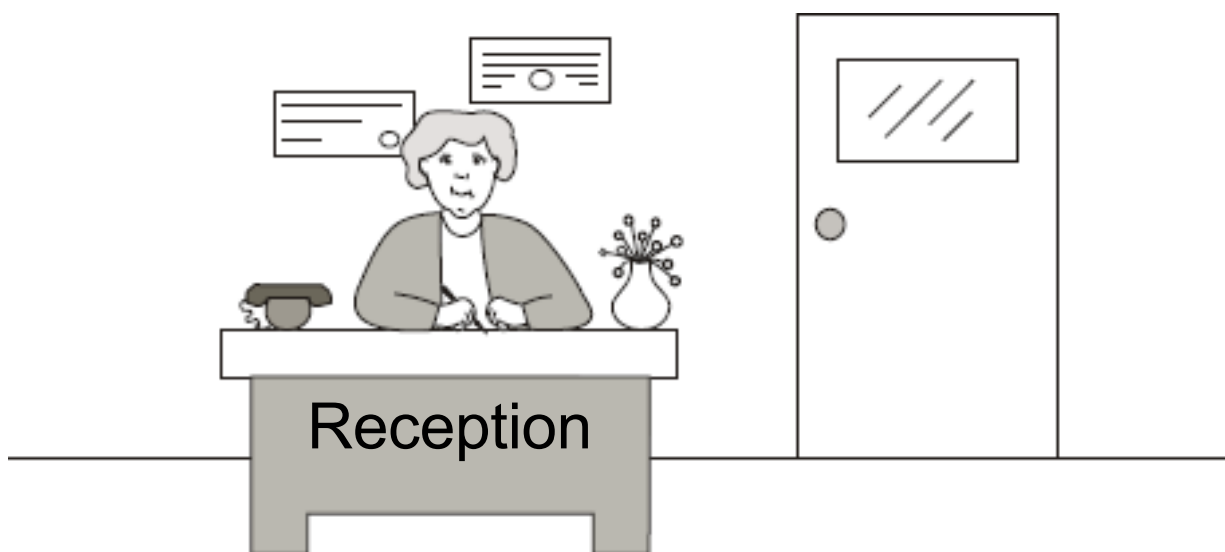


**Onsite, transportation to and from
the Aphasia Institute
Is the **responsibility** of **you** or your **caregiver**.**

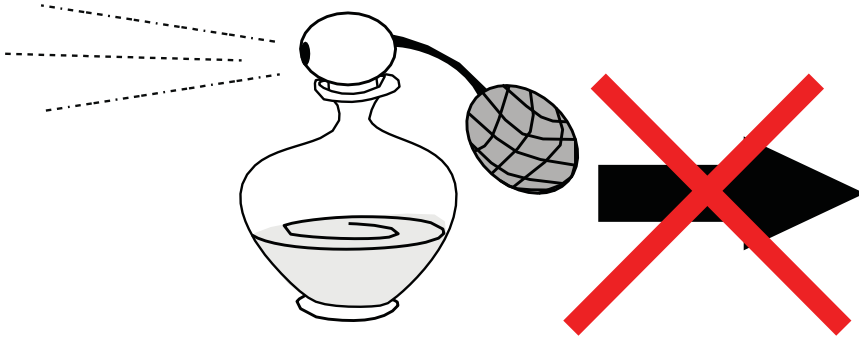


While onsite, if **family** or **friends** are
not in a **program**

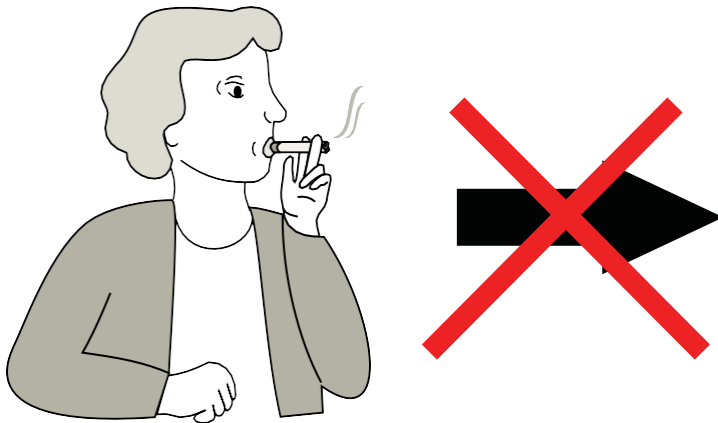
Please wait in the **reception area**



Onsite, the Aphasia Institute is a **Scent and Smoke Free** Environment



Scent free
environment

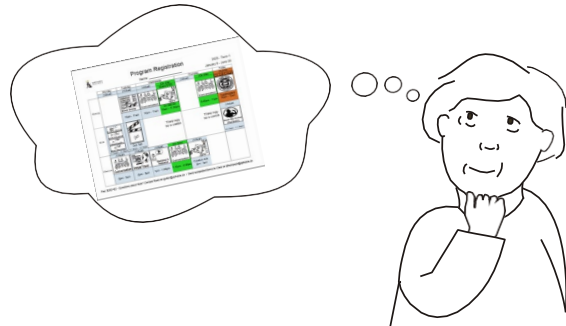


Smoke free
environment

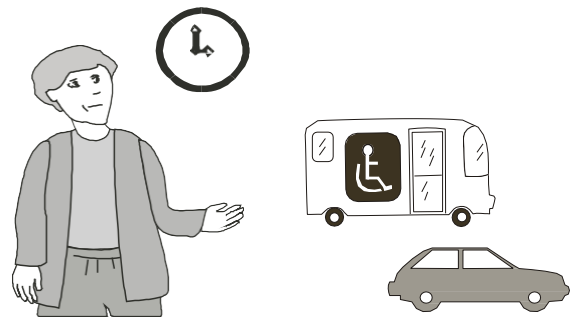
You are **independent**

When **on site**, this means:

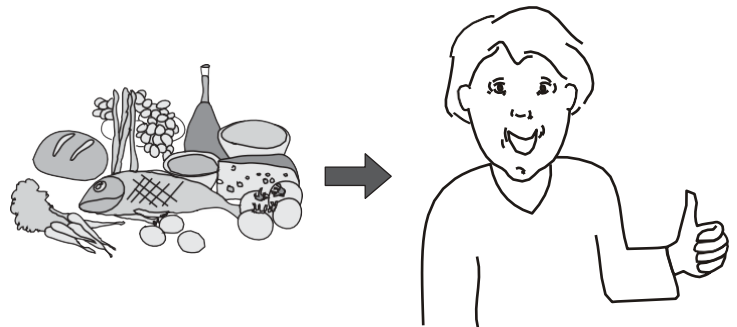
You **know** your **schedule**
and programs




You are **ready** for your **ride**



You know what you **can** and
cannot eat



You always have **up-to-date**
personal identification
with you:

	Name _____
	Telephone _____
	Address _____

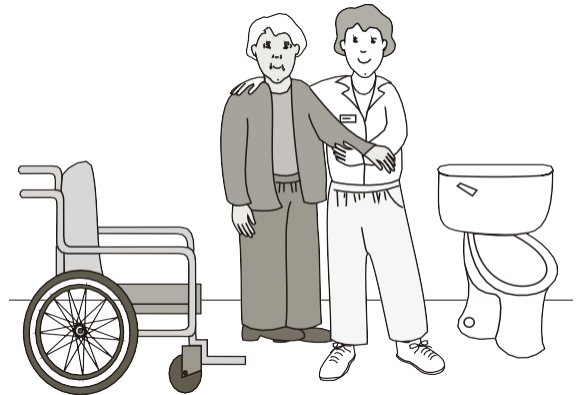
	oHip Number _____
	Allergies _____

Onsite, we can **only** provide **physical support** for:

Helping you move **to and from**
your programs



Transfers in the washroom



Help with **coats**

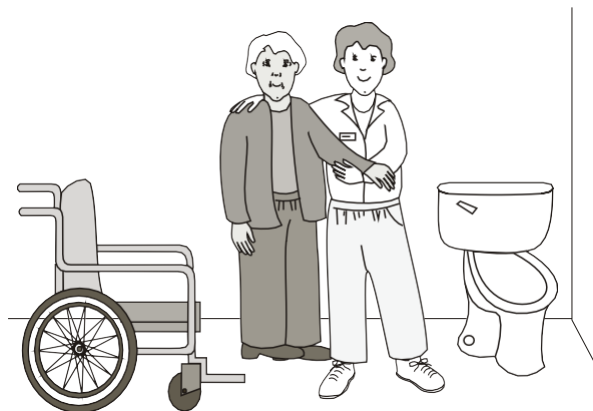


If you need **more physical assistance** than this,
you must please provide it

Mechanical Restraints

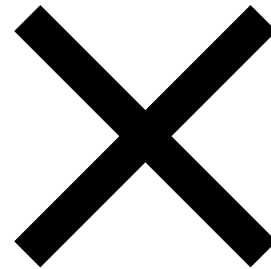
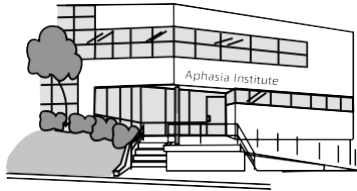


When **onsite**, if you **attend programs** with a **mechanical restraint** (e.g. lap belt)

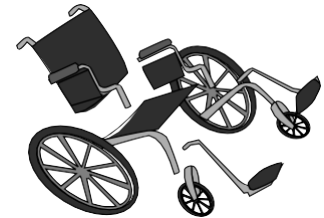


It may be **opened** and **closed** by the **Personal Support Worker** for **personal care needs**

Aphasia Institute is not responsible for...

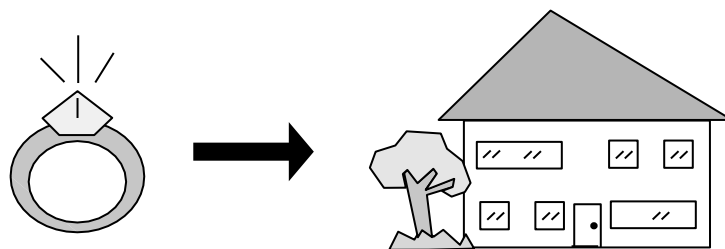


Responsible



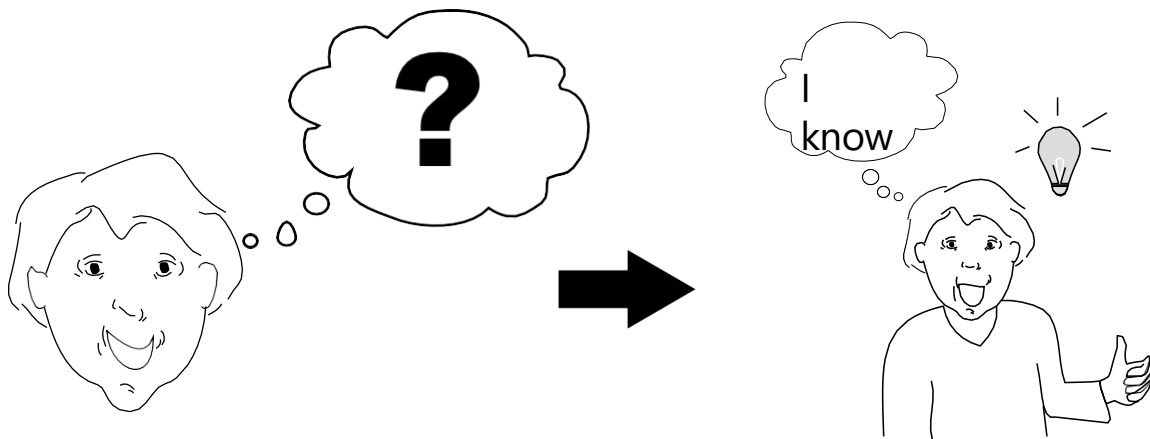
Stolen or lost items

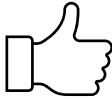
Damages

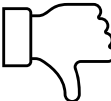


Keep **valuable** items at home

All my **questions** have been **answered**



Yes  ☐

No  ☐

It is **okay** to say **no**



None of your **activities** here **will change**

2025 - Term 1
January 6 - June 20

Program Registration

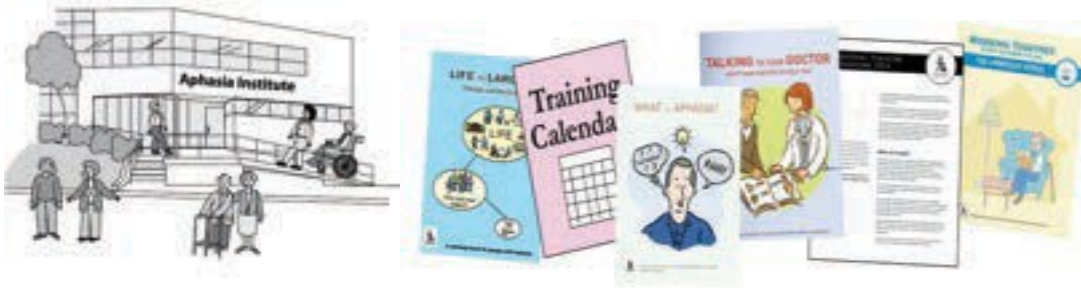
Name: _____

	Monday (Virtual)	Tuesday (Virtual)	Wednesday (Virtual)	Thursday (On Site)	Friday (Virtual)
Morning		Book Group 10am - 11am	Conversation 10am - 11am On Site Art 10am - 11:30am	Conversation 9:45am - 11am	Toastmasters 10am - 12am
Noon		Doc Talk 11:30am - 12:30pm	There may be a waitlist	There may be a waitlist	Hear My Voice (Karaoke) 10:30am - 11:30am
Afternoon	Conversation 2pm - 3pm	Virtual Travel 2pm - 3pm	Meditation & Relaxation 1pm - 1:45pm	Conversation 1:15pm - 2:30pm	Creative Arts 2pm - 3pm

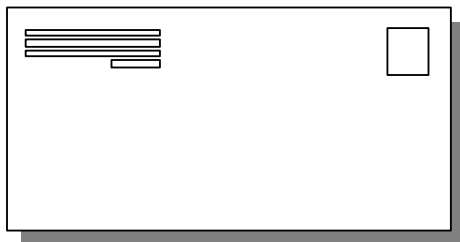
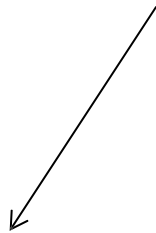
Fee: \$292+\$2 - Questions about fees? Contact Rumi at rgutter@aphasia.ca / Send completed forms to Clare at cthompson@aphasia.ca



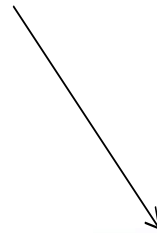
We need your **consent**
to **send** you **information**
about the **Aphasia Institute**



We send newsletters, fundraising
notices and other information via



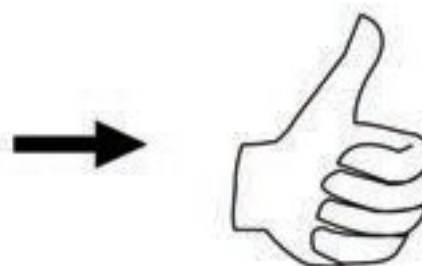
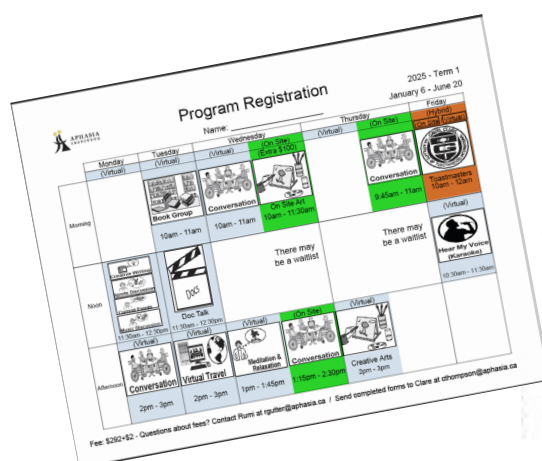
Mail



E-mail

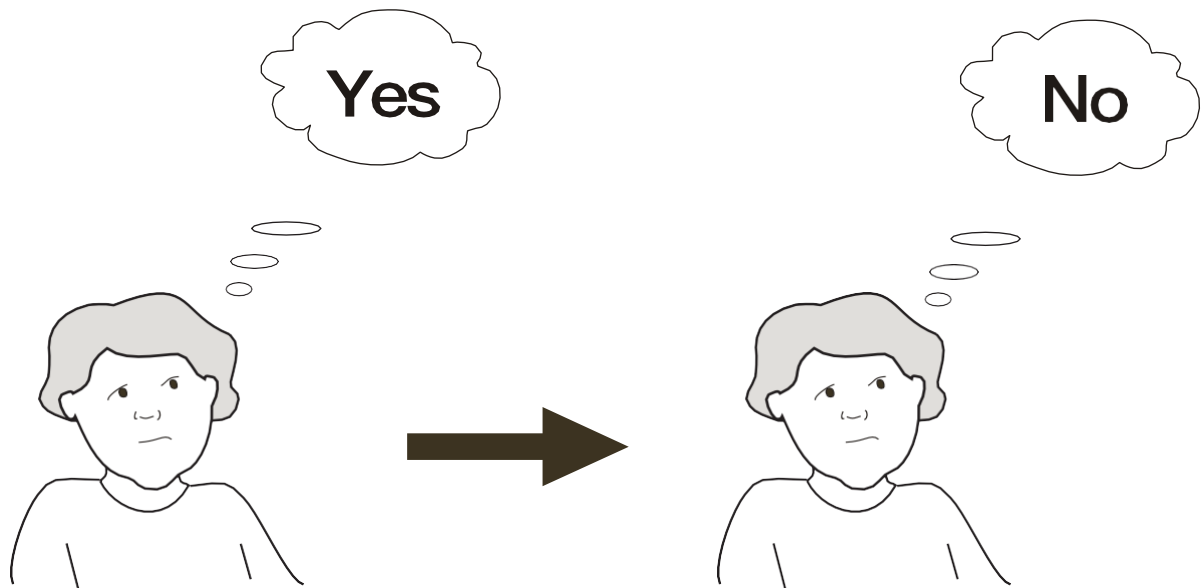


It is **okay** to say no



None of your **activities** here will **change**


You can **change** your **mind**
at any time



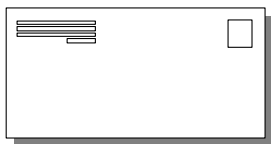
If you have any **questions/concerns**,
please contact the **privacy officer**:



Paul Mazzuchin

 416-226-3636 ext. 111

I give **permission** to be sent **newsletters, fundraising notices and other information** via:

☐

Mail and E-mail

☐

I do not give permission to be contacted

Name: _____

Signature: _____

Date: _____

Witness: _____

I **understand** and **agree** to this Participation Agreement

YES



NO





Name: _____

Signature: _____

Date: _____

Witness: _____