



ABI Care & Services Resource Directory Questionnaire

The Rehabilitation Network of Ottawa-Carleton's Traumatic Brain Injury Integration Project and the Head Injury Association of Ottawa-Valley have joined forces to compile a bilingual Acquired Brain Injury Directory of Resources for use by service providers, clients and caregivers in The Champlain District (Ottawa, Renfrew County and 5 Eastern Counties).

If you would like your organization to be included, submit your directory information on-line under Care and Services using our electronic form (http://www.rnoc.ca/care/cs_submit.asp).

Those who submit this questionnaire not later than **May 15** will appear in the first hard copy and electronic edition, scheduled for release in June. If you provide services in both official languages, please submit your service description in both English and French. A free hard copy will be made available upon request for clients and caregivers as well as for their agencies/organizations who completed and submitted the forms before May 15, 2002.

The electronic edition of the Directory will be updated on an on-going basis, as the questionnaires are received. For agencies/organizations who submit after May 15th, inclusion in the print copy(s) will be pending additional print runs (date undetermined).

For those individuals who do not have access to the Internet, please complete the attached **Care and Services Resource Directory Questionnaire**. You can mail or fax your questionnaire to:

Teresa Van Dongen
Head Injury Association (Ottawa-Valley)
211 Bronson Avenue
Ottawa, Ontario, K1R 6H5
Phone: (613) (613) 233 8303, Fax: (613)233-8422

If you have any questions regarding the above please call Teresa Van Dongen.

RNOC Traumatic Brain Injury Pilot Project

TBI Service Provider Registration

If you have not registered yet as a service provider with the RNOC TBI Pilot Project, please visit our web site at www.rnoc.ca, click on the yellow "TBI Project" button, next locate the Service Provider Login box on the bottom left, and click on the words "I would like to register" and complete the form. As well, you can click on the "Registration Guide" which provides you with an easy 1-2-3 instructions of how to proceed. If you would like more information on the TBI Project, please contact: Clinical Coordinator/Educator - Elly Nadorp

(613) 737-7350 Ext. 5243; e-mail: enadorp@ottawahospital.on.ca; or fax us at (613) 739-3243.

Benefits of being a Registered Service Provider

- Free on-line access to the journal - "**Brain Injury**".
- "Register" your clients as participants for this project so that you can enter, store, retrieve and print your client's data at a moments notice.
- View the files of those clients that specifically identified you and/or your organization on the "Authorization to Release" form, even if they were entered by other service providers.
- Add / update "registered" client files that you have authorized access to, and print them out.
- Enhanced transition assistance by this project's Clinical Coordinator/Educator through the review of the referrals in order to identify and address transitional gaps.

We like to thank you for your assistance

ABI Care & Services Resource Directory Questionnaire

* Mandatory Fields

The Contact information below will not appear in the ABI C&S Resource Directory.
We will require it in order to verify when changes are required.

*Name of Contact:	_____	*Title:	_____
*Telephone:	_____	Fax:	_____
Email: (Preferred by the TBI Project)	_____		_____
*Circle preferred form of communication	E-mail	Fax	Mail

The information below will appear in the ABI Care & Services Resource Directory

*Name of Organization:	_____		
*Address:	_____		
*City:	_____		
*Telephone:	_____	Fax:	_____
Email:	_____	Website:	_____

Check all that apply:

- *Fee Schedule:** Public Private Private (Sliding Fee Scale)
- *Target Population:** Children Adult Older Adult
- *Language of Service Provision** English French Other (Specify in the Short Description)
- *Geographical Service Area** Ottawa Renfrew County 5 Eastern Counties
- *Required Referral Source** Physician Other Health Professionals Self/Family
- *How is your organization incorporated/business listed with Revenue Canada?**
- Private Public
- *Which domain does your organization/business provide care and services in?**
- Private Public

ABI Care & Services Resource Directory Questionnaire

NOTE: Please complete several forms if you provide services at more than one location (e.g. community based residential rehabilitation and home based services. On each questionnaire check only one location (WHERE), with all the (TYPES) of ABI/TBI services you provide at that location.

* WHERE are the Services Provided?

Check only one

<input type="checkbox"/> Hospital Based – Inpatient Service
<input type="checkbox"/> Hospital Based – Day/Outpatient services <ul style="list-style-type: none"> ▪ May or may not be in a Hospital setting ▪ Non-residential ▪ Average length of stay 3-12 months ▪ May offer a wide range of Rehabilitation services
<input type="checkbox"/> In-patient Brain Injury Rehabilitation <ul style="list-style-type: none"> ▪ Based in a Hospital Setting ▪ Accepts patient as soon as medically stable ▪ Average length of stay 3-4 months (short-term) ▪ Focuses on intensive physical and cognitive therapy
<input type="checkbox"/> Community Based – Residential Rehab Services <ul style="list-style-type: none"> ▪ Based in a Non-hospital setting ▪ Training for living with greater independence (Transitional Living) ▪ Average length of stay 8 months (short-intermediate term) ▪ Focuses on compensating for skills that cannot be restored
<input type="checkbox"/> Community Based – Day Program Rehab Services <ul style="list-style-type: none"> ▪ Based in a Non-hospital Setting ▪ Non-residential ▪ Average length of stay 3-24 months
<input type="checkbox"/> Community Based – Long Term Residential <ul style="list-style-type: none"> ▪ Based in residential or skilled nursing environment ▪ For persons who need lifelong supports
<input type="checkbox"/> Home Based Services <ul style="list-style-type: none"> ▪ Rehabilitation services that are available in the home ▪ May involve individual or a team of professionals (OT, PT) ▪ May provide support and training for family or caregiver
<input type="checkbox"/> Community Based Services <ul style="list-style-type: none"> ▪ Rehabilitation services that are available in the home, work-site, educational site or at a designated centre. ▪ May involve individual or a team of professionals (OT, PT) ▪ May provide support and training for family or caregiver
<input type="checkbox"/> Other

* TYPE of the Services Provided?

1. Indicate which type of ABI Care and Services you provide.

2. Also check the TBI Box **ONLY** if you address TBI as a "specialty".

<input type="checkbox"/> 24 hour Care and Supervision	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Addictions	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Attendant Care	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Behavioural Rehabilitation	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Brain Injury Resources and Education	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Caregiver Support	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Case Management	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Children/Youth Services	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Cognitive Rehabilitation	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Counselling	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Crisis Intervention	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Educational Services	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Environmental Design and Modifications	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Financial and Legal	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Health and Fitness	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Leisure/Recreation	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Life skills training	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Mental Health Services	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Mutual Support/Self Help	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Nursing	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Nutrition	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Occupational Therapy	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Other	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Physio Therapy	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Psychology	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Respite Care	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Social Work	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Speech Language Therapy	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Support Services	(<input type="checkbox"/> TBI)
<input type="checkbox"/> Vocational Rehabilitation	(<input type="checkbox"/> TBI)

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***Short Description:**
(200 words only)

Description française:
(Pas plus que 200
mots)

Please note:

If you have a web site and would like the TBI Integration Project to include a hot link in our “Helpful Links” section, please visit our web site and complete the feedback form.