

## Activities of Daily Living

- ⇒ Teaches healthy living options and daily living skills.
- ⇒ Participants choose focus of: nutrition, cooking, money management and budgeting.
- ⇒ 12 week program - schedule developed with instructor/participant.

## Art Program

- ⇒ Enables participants to discover and explore their creativity in the visual arts.
- ⇒ Offers multi-level art experiences with instruction in introductory and advanced classes.
- ⇒ Offers instruction in various forms of creative media.
- ⇒ Class times vary depending on class(s) selected.

## Connections

- ⇒ Activity based learning that promotes mental and physical health.
- ⇒ Learning focuses on:
  - Healthy lifestyles and daily living skills
  - Therapeutic arts and creative expression
  - Development of social networks and leisure interests
- ⇒ 6 month program - Monday, Tuesday & Wednesdays. Morning Program - 9:00 a.m. to Noon or Afternoon Program - 1:00 p.m. to 4:00 p.m.

## Creative Arts

- ⇒ Creative Arts focuses on creative activities in a social environment.
- ⇒ Participants learn and develop skills in various arts and crafts media and have opportunities to develop connections with others through a variety of social activities.
- ⇒ 12 week program - Monday & Wednesday - 9:00 a.m. to Noon.

## Initiatives

- ⇒ Skill development to promote interpersonal growth.
- ⇒ Enables participants to manage interpersonal and life situations more effectively.
- ⇒ Skill areas include: assertiveness, stress management and self-esteem.
- ⇒ 8 week program - Monday to Thursday - 9:00 a.m. - Noon.

## Life Skills

- ⇒ Interpersonal skill development that can be applied to areas of: self, family, community, leisure and employment.
- ⇒ Skill areas include: communication, anger management, stress management, assertiveness, identifying behaviours, problem solving and self-esteem.
- ⇒ 16 week program - Monday to Friday - 9:00 a.m. to Noon.

## Recycling Program

- ⇒ The Recycling Program provides skill development for participants and a valuable service for the community and clientele of the Centre.
- ⇒ Participants volunteer their time and work with staff to prepare donated items for the Sales and the Recycling Store.
- ⇒ On-going program - times are flexible, participants select days/hours of involvement.

## Support Groups

- ⇒ Drop in groups facilitated by staff.
- ⇒ Group members can share their thoughts and feelings about personal issues in a safe, supportive environment.
- ⇒ Various days and times

## Resource/Activity Centre (RAC) Support & Recreation Services

- ⇒ This program provides a meeting place where participants can access support and direction in times of need, enjoy a variety of activities, and connecting with others.
- ⇒ Services and Activities include:
  - Support counselling, crisis intervention & resolution and referrals
  - Social and recreational activities
  - Free clothing bank for clientele
- ⇒ Centre hours: 10:00 a.m. - 6:00 p.m. 7 days/week.
- ⇒ To arrange an intake appointment call 403.266.8711.

## Volunteer Program

- ⇒ A variety of meaningful volunteer opportunities.
- ⇒ Skill development in a safe, supportive setting.
- ⇒ Volunteer orientation, training, supervision and support is provided.
- ⇒ For more information, contact the Volunteer Co-ordinator at 403.266.8711.



**PROGRAM REFERRAL FORM**

1019 - 7th Avenue S.W. Calgary, AB T2P 1A8

Phone: 403.266.8711 Fax: 403.266.2478

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

- \_\_\_\_\_ **Activities of Daily Living**
- \_\_\_\_\_ **Art Program**
- \_\_\_\_\_ **Connections – AM**
- \_\_\_\_\_ **Connections – PM**
- \_\_\_\_\_ **Creative Arts**
- \_\_\_\_\_ **Initiatives**
- \_\_\_\_\_ **Life Skills**
- \_\_\_\_\_ **Recycling Program**
- \_\_\_\_\_ **Support & Recreation Services**

\_\_\_\_\_ **Volunteer Program**

**Support Groups**

- \_\_\_\_\_ **Decluttering**
- \_\_\_\_\_ **Mental Health**
- \_\_\_\_\_ **Reach for Recovery**

*Please indicate program choice and rank in order of preference 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>*

Name: \_\_\_\_\_  
Surname First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Referral Source (Agency): \_\_\_\_\_

Referring Worker: \_\_\_\_\_  
Name Phone Number

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_ - \_\_\_\_\_

Income: \_\_\_\_\_ AISH \_\_\_\_\_ Old Age/CPP \_\_\_\_\_ Own Funds  
\_\_\_\_\_ No Funds \_\_\_\_\_ Alberta Works

**MENTAL HEALTH/MEDICAL:**

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Psychiatrist: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Past Psychiatrist: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**MENTAL HEALTH FOLLOW UP:**

\_\_\_ Foothills Hospital    \_\_\_ Peter Lougheed Centre    \_\_\_ MH Clinics  
\_\_\_ PLC/FAOS    \_\_\_ Rockyview Hospital    \_\_\_ Private  
\_\_\_ No follow-up    \_\_\_ Unknown    \_\_\_ Other (specify) \_\_\_\_\_

**DIAGNOSIS:**

\_\_\_ Depression    \_\_\_ Personality Disorder    \_\_\_ Organic Brain Syndrome  
\_\_\_ Schizophrenia    \_\_\_ Bipolar Disorder    \_\_\_ MH/Substance Abuse  
\_\_\_ Anxiety    \_\_\_ Schizo-Affective    \_\_\_ MH/M Handicapped  
\_\_\_ Unknown    \_\_\_ Other (specify) \_\_\_\_\_

**MEDICATIONS:**

**DOSAGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental Health Treatment Summary (past hospital admissions, mental health follow-up, counselling). List most recent treatment first.

**DATE                      LOCATION                      PSYCHIATRIST/WORKER                      REASON**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other medical conditions (Epilepsy, Diabetes, heart, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Community Service Involvement (day hospital, sheltered workshop, special housing, alcohol/drug treatment, justice system, counselling, other)

**PROGRAM NAME                      CURRENT                      PAST                      CONTACT PERSON**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRST LANGUAGE:**

\_\_\_ English    \_\_\_ Punjabi    \_\_\_ Other Asian    \_\_\_ French    \_\_\_ Aboriginal  
\_\_\_ Other    \_\_\_ Cantonese    \_\_\_ Slavic    \_\_\_ Unknown    \_\_\_ Mandarin

**EDUCATION** highest level completed: \_\_\_ **school:** \_\_\_\_\_

**EMPLOYMENT History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IDENTIFIED NEEDS:** Please check the area(s) in which the applicant requires support/services:

- |                              |                             |
|------------------------------|-----------------------------|
| ___ Housing                  | ___ Vocational/employment   |
| ___ Financial                | ___ Education               |
| ___ Skills development       | ___ Volunteer work          |
| ___ Leisure activity         | ___ Mental health treatment |
| ___ Medical                  | ___ Substance abuse         |
| ___ Relationship counselling | ___ Anger management        |
| ___ Legal                    | ___ Stress management       |
| ___ Crisis intervention      |                             |

Other: \_\_\_\_\_

Comments on identified needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Referring Worker:

This will confirm that I have a release of information to provide information to Elements Calgary Mental Health Centre (formally Calgary Association of Self Help).

Signed \_\_\_\_\_

Date \_\_\_\_\_