

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.

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 & Tuesday - 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.

Mental Health Support Groups

- ⇒ Drop in groups facilitated by staff.
- ⇒ Group members can share their thoughts and feelings about personal issues in a safe, supportive environment.
- ⇒ Mondays and Thursdays - 1:30 p.m. - 3:30 p.m.

Occupational & Leisure Skills

- ⇒ 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.

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.

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**
- _____ **Creative Arts**
- _____ **Initiatives**
- _____ **Life Skills**
- _____ **Occupational Leisure Skills - Morning**
- _____ **Occupational Leisure Skills - Afternoon**
- _____ **Recycling Program**
- _____ **Resource Activity Centre / Support & Recreation Services**
- _____ **Volunteer Program**

Please indicate program choice and rank in order of preference 1st, 2nd, 3rd

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 ___ Affective 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:

- | | |
|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vocational/employment |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Education |
| <input type="checkbox"/> Skills development | <input type="checkbox"/> Volunteer work |
| <input type="checkbox"/> Leisure activity | <input type="checkbox"/> Mental health treatment |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Relationship counselling | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> 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 _____