



# PROGRAMS

## Creative Arts

- ⇒ This small group program promotes interpersonal socialization.
- ⇒ Emphasis on arts, crafts, handiworks & community integration activities.
- ⇒ Excellent opportunity to develop social networks in an atmosphere of acceptance and fun.
- ⇒ Ongoing program - Monday, Tuesday & Thursday 9:00 a.m. to 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 - offered in April, Monday to Friday - 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, anger management, stress management, self-esteem.
- ⇒ 8 week program - Monday to Thursday - 9:00 a.m. - Noon.

## Recycling Project

- ⇒ Provides opportunities for further skill development and re-development in a safe, supportive setting.
- ⇒ Tasks for participants are created according to abilities, interests and goals.
- ⇒ Enables participants to volunteer in a non-hectic, non-stressful work atmosphere.
- ⇒ On-going program - times are flexible, participants select days/hours of involvement.

## Activities of Daily Living

- ⇒ Individualized skill development sessions designed to meet participant's specific needs.
- ⇒ Participants choose focus of: nutrition, cooking, grocery shopping, budgeting, household management or combination of all five areas.
- ⇒ 12 week program - schedule developed with instructor/participant to determine when sessions are held.

## Occupational & Leisure Skills

- ⇒ Multi-activity program that provides activities such as therapeutic art, crafts, and activities that promote socialization, personal health, living skills and community integration.
- ⇒ Ongoing program - Monday, Tuesday & Wednesday  
Group I - 9:00 a.m. to Noon or Group II - 1:00 p.m. to 4:00 p.m.

## Mental Health Support Groups

- ⇒ Drop in groups that do not require any referral.
- ⇒ Group members can share their thoughts and feelings about personal issues in a safe, supportive environment.
- ⇒ A staff facilitator is present to guide the process and provide support, encouragement and resources when needed.
- ⇒ Mondays and Thursdays - 1:30 p.m. - 3:30 p.m.

## 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.

## Writer's Club

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

## Resource/Activity Centre (RAC)

- ⇒ A social recreation and counselling centre providing: structured and unstructured social/recreational activities, counselling services, crisis intervention, support, referral and linkages, other support services include: telephone message service, clothing bank, tuck shop and support groups.
- ⇒ Centre hours: 10:00 a.m. - 9:00 p.m. Monday - Friday and 12:00 p.m. - 8:00 p.m. Weekends/Holidays.
- ⇒ There is no wait list for the RAC, to arrange an intake appointment call 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 Beverly Wadsworth,
- ⇒ Volunteer Co-ordinator at 266-8711.



**CALGARY  
ASSOCIATION  
OF SELF HELP**  
Your Community Mental Health Centre

**PROGRAM REFERRAL FORM**  
COMMUNITY SUPPORTS AND SKILLS DEVELOPMENT  
1019 - 7th Avenue S.W. Calgary, Alberta T2P 1A8  
Phone: (403) 266-8711 Fax: (403) 266-2478

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

- CREATIVE ARTS \_\_\_\_\_
- ACTIVITIES OF DAILY LIVING \_\_\_\_\_
- LIFE SKILLS \_\_\_\_\_
- OCCUPATIONAL LEISURE SKILLS \_\_\_\_\_
- RECYCLING PROJECT \_\_\_\_\_
- INITIATIVES \_\_\_\_\_
- ART PROGRAM \_\_\_\_\_
- WRITER'S CLUB \_\_\_\_\_

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: \_\_\_\_\_

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 \_\_\_\_\_

Social Worker: \_\_\_\_\_ Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MENTAL HEALTH/MEDICAL:**

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

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

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

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

**MENTAL HEALTH FOLLOW UP:**

Foothills Hospital (FH) \_\_\_\_\_ Social Rehab (HC) \_\_\_\_\_ Peter Lougheed Centre (BVC) \_\_\_\_\_

MH Clinics (AMHS) \_\_\_\_\_ PLC/FAOS (FAOS) \_\_\_\_\_ Rockyview Hospital (RV) \_\_\_\_\_

Private (PSY) \_\_\_\_\_ PDD Agencies (HS) \_\_\_\_\_ No follow-up (N) \_\_\_\_\_

Unknown (UK) \_\_\_\_\_ Other (OT) (specify) \_\_\_\_\_

**DIAGNOSIS:**

Depression (DEP) \_\_\_\_\_ Personality Disorder (PD) \_\_\_\_\_ Organic Brain Syndrome (OBS) \_\_\_\_\_

Schizophrenia (SZ) \_\_\_\_\_ Affective Disorder (AD) \_\_\_\_\_ MH/Substance Abuse (SA) \_\_\_\_\_

Anxiety (AX) \_\_\_\_\_ Schizo-Affective (SZAD) \_\_\_\_\_ MH/M Handicapped (MP) \_\_\_\_\_

Unknown (UK) \_\_\_\_\_

Other (OT) (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**

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**FIRST LANGUAGE:**

English (EN)	_____	Punjabi (PU)	_____	Other Asian (OA)	_____
French (FR)	_____	Aboriginal (NA)	_____	Other (OT)	_____
Cantonese (CA)	_____	Slavic (SL)	_____	Unknown (UK)	_____
Mandarin (MA)	_____				

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

**EMPLOYMENT History:**

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

Housing (HG)	_____	Vocational/employment (VE)	_____
Financial (FIN)	_____	Education (ED)	_____
Skills development (SD)	_____	Volunteer work (VA)	_____
Leisure activity (LA)	_____	Mental health treatment (MHI)	_____
Medical (MD)	_____	Substance abuse (SA)	_____
Relationship counselling (SCO)	_____	Anger management (OT)	_____
Legal (OT)	_____	Stress management (OT)	_____
Crisis intervention (OT)	_____		

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

Comments on identified needs: \_\_\_\_\_

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This will confirm that I have a release of information to provide information to Calgary Association of Self Help.

Signed \_\_\_\_\_

Date \_\_\_\_\_