

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.

FOR MORE INFORMATION CALL 266-8711

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

E-mail: info@calgaryselfhelp.com

Web Site: calgaryselfhelp.com

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**

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:

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: _____

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

Signed _____ Date _____