

Supported Lifestyles – BUDS (Social Skills) Group Application Form
 Fridays; 1000 to 1130. February 5th to April 8th, 2016.

| Name: _____ First Last | Home Mailing Address: City: Postal Code: Phone: | | | | | | | | | | | | |
|---|--|---------|------|---------|--|--|--|--|--|--|--|--|--|
| PDD ID #: | Guardianship: | | | | | | | | | | | | |
| Date of Birth: | Is Individual Own Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |
| Who to Contact for Interview: (select one only) <input type="checkbox"/> Self/Individual <input type="checkbox"/> Day Support Office Contact <input type="checkbox"/> Residential Support Office Contact <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____ | Do not fill out this area, for OFFICE use only! <p align="center">Date Received</p> | | | | | | | | | | | | |
| Contact Name: _____ Contact Phone #: _____ Contact Email Address: _____ | Dates Contacted: <table border="1"> <thead> <tr> <th>Date:</th> <th>Who:</th> <th>Result:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <input type="checkbox"/> AM <input type="checkbox"/> BUDS <input type="checkbox"/> WG <input type="checkbox"/> MG <input type="checkbox"/> AM Interview booked for: _____ <input type="checkbox"/> RevApp <input type="checkbox"/> GuardSig | Date: | Who: | Result: | | | | | | | | | |
| Date: | Who: | Result: | | | | | | | | | | | |
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Are there any medical concerns (e.g. seizure disorder, allergies, etc.) that we need to be aware of in case of emergency?

- Yes (please list below) No Not relevant

Do you take any medications to address these concerns? If yes, please list:

Do you have any food allergies? Yes (please list below) No

Risk Assessment for group participants:

Our goal is to provide a safe environment for all. Please identify if you have had challenges with any of the following:

- Aggression Sexual Behaviours (e.g., inappropriate touching) Other _____
Suicide Smoking, Drug, or Alcohol Problems None of the above

It is the individual’s responsibility to get to and from the group. If assistance is needed, a support staff from your agency MUST be available. Please indicate your means of transportation to and from the group:

- ACCESS Calgary Calgary Transit
Staff vehicle Other

**Please note that the doors close 15 minutes after group ends and that Support Approach Team staff are not able to supervise individuals waiting for transportation past that time.



Please check if you require assistance with any of the following:

- Reading Writing Sight
 Speech Hearing Mobility

Please check any of the following areas of interest:

- Meeting new people Improving Relationships
 Healthy Boundaries Improving self confidence
 Dating Improving communication
 Safety Coping with emotions
 Trust Other: _____

Emergency Contact Information:

| Person's Name | Telephone Number(s): |
|-------------------------|----------------------|
| Guardian/Family: | |
| Day Support | |
| Agency _____ Name _____ | |
| Residential Support | |
| Agency _____ Name _____ | |

In the event that a sudden medical emergency occurs, efforts will be made to obtain treatment consent from the guardian and to notify the service provider involved. In the event that the guardian cannot be reached, I hereby authorize Supported Lifestyles Ltd. to **seek emergency services**. It is the responsibility of the attending physician(s) and support personnel to obtain consent, or for the physician to decide to treat without guardian consent.

Note: Guardian approval (if applicable) is required for this course! Guardian signature authorizes Supported Lifestyles to contact the client's service agency, PDD or other services to obtain information pertinent to the needs of facilitating the workshop and is effective for the duration of the group.

☼ Individual's Signature _____

☼ Date _____

☼ Guardian Signature (if applicable) _____

I, the Guardian/Agent/Independent Adult, give my permission to Supported Lifestyles Ltd. Staff to videotape/record and or photograph the individual for the purpose of Educational, Training and /or Group promotion. I am aware that I can revoke, revise or terminate this authorization at any time.

Yes No _____ **Initials**

Application for BUDS Group may not guarantee you a spot in the group.

The final selection of participants will be made once each applicant has had an interview. Once the participants for the group have been selected, all applicants will be notified by telephone.

Completed applications can be returned to:

Mail:
 Elyse Seppala
 Supported Lifestyles Ltd.
 #210, 495 36 Street NE
 Calgary, Alberta
 T2A 6K3

Fax: (403) 207-5125
 Attention: Elyse

Email: seppalae@supportedlifestyles.com

Should you have any questions, please contact Elyse as above or at (403) 207-5115 ext. 264

