Attn: Kelly

Supported Lifestyles

# ANGER MANAGEMENT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

**DATE: Thursday's January 31st—April 4th, 2019**
**TIME: 1:00pm-2:30pm**
**Cost: $10.00**
**LOCATION: 1914 9th Ave SE, Calgary.**

A brief interview will be conducted with each applicant prior to the start of the workshop to ensure that it will meet the needs of those who attend.

For more information, please review our FAQ sheet or contact:
Kelly Debevc 403-207-5115 ext. 273 debevck@supportedlifestyles.com

**Application deadline is Wednesday, January 9th, 2019**

**Those applying after this date may not be accepted into the group.**
**Applications can be sent to:**

MAIL
Kelly Debevc
Supported Lifestyles Ltd.
#210, 495 36th Street NE
Calgary, Alberta T2A 6K3

FAX:
(403) 207-5125
Attn: Kelly

Email
debevck@supportedlifestyles.com

## Some Topics Included Are:

- What anger looks like
- Personal triggers
- Calming techniques
- Knowing what I can control
- Severities of anger
- Reponses to anger
- Assertive vs. aggressive

Support Approach Team
Helping You Put The Pieces Together

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**Supported Lifestyles – Anger Management Application Form**
**Thursday's 1:00pm-2:30pm January 31st-April 4th, 2019**

| | |
|---|---|
| **Name:**<br>_____<br>**First** **Last** | **Home Mailing Address:**<br>**City:**<br>**Postal Code:**<br>**Phone:** |
| **PDD ID #:**<br>**Date of Birth:** | **Guardianship:**<br>**Is Individual Own Guardian?**<br>☐ **Yes** ☐ **No** |
| **Who to Contact for Interview: (select one only)**<br>☐ **Self/Individual**<br>☐ **Day Support Office Contact**<br>☐ **Residential Support Office Contact**<br>☐ **Parent/Guardian**<br>☐ **Other:** _____<br>**Contact Name:**<br>_____<br>**Contact Phone #:**<br>_____<br>**Contact Email Address:**<br>_____ | **Do not fill out this area, for OFFICE use only!**<br>**Date Received**<br>**Dates Contacted:**<br>☐ **AM** ☐ **BUDS** ☐ **WG** ☐ **MG** ☐ **SED** ☐ **SU**<br>**Interview booked for:** ☐ **RevApp** ☐ **GuardSig** |

| Date: | Who: | Result: |
|---|---|---|
| | | |
| | | |
| | | |

**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** _____
☐ **Self Harm or 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**

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****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**

**How has anger impacted your life? Please explain:**

_____

_____

_____

**Emergency Contact Information:**

| **Person's Name** | **Telephone Number(s):** |
|---|---|
| **Guardian/Family:** | |
| **Day Support**<br><br>**Agency**_____ **Name** _____ | |
| **Residential Support**<br><br>**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 <u>required</u> 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**

**<u>Application for the Anger Management Group may not guarantee you a spot in the group.</u>**
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:**
Kelly Debevc
Supported Lifestyles
#210, 495 36 Street NE
Calgary, Alberta
T2A 6K3

**Fax:** (403) 207-5125
Attention: Kelly

**Email:** debevck@supportedlifestyles.com

Should you have any questions, please contact Kelly as above or at (403) 207-5115 ext. 273

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