

# Building, Understanding, and Developing Social Skills (BUDS)

**A SOCIAL SKILLS GROUP**  
FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

*Supported Lifestyles*




**DATE:** Friday's February 1st - April 5th, 2019  
**TIME:** 1:00– 2:30pm  
**LOCATION:** 1914 9th Ave SE, Calgary  
**COST:** \$10

**Applications 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

 [debevck@supportedlifestyles.com](mailto:debevck@supportedlifestyles.com)

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](mailto:debevck@supportedlifestyles.com)

## Some topics included are:

- |                       |                             |
|-----------------------|-----------------------------|
| ◆ Meeting New People  | ◆ Communication             |
| ◆ Conversations       | ◆ Dating                    |
| ◆ Healthy Friendships | ◆ Maintaining Relationships |
| ◆ Boundaries          | ◆ Fair Disagreements        |

**Supported Lifestyles – BUDS (Social Skills) Group Application Form**  
**Friday's 1:00pm-2:30pm February 1<sup>st</sup>- April 5<sup>th</sup>, 2019**

Name: _____		Home Mailing Address:													
First	Last	City:	Postal Code:												
PDD ID #:		Phone:													
Date of Birth:		Guardianship:													
		Is Individual Own Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Who to Contact for Interview: (select one only)		Do not fill out this area, for OFFICE use 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: _____															
Contact Name: _____ Contact Phone #: _____ Contact Email Address: _____		Date Received													
		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>		Date:	Who:	Result:									
Date:	Who:	Result:													
		<input type="checkbox"/> AM <input type="checkbox"/> BUDS <input type="checkbox"/> WG <input type="checkbox"/> MG <input type="checkbox"/> SED <input type="checkbox"/> SU Interview booked for: _____ <input type="checkbox"/> RevApp <input type="checkbox"/> GuardSig													

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



**\*\*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:** Kelly Debevc  
 Supported Lifestyles  
 #210, 495 36 Street NE  
 Calgary, Alberta  
 T2A 6K3

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

**Email:** debevc@supportedlifestyles.com

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

