

WOMEN'S GROUP

FOR WOMEN WITH DEVELOPMENTAL DISABILITIES

Date:	Tuesday's January 29 –April 2, 2019
Time:	1:00pm - 2:30pm
Location:	1914 9th Ave SE , Calgary.
Cost:	\$10. ⁰⁰



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 9, 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

Some topics included are:

- ◆ Individuality
- ◆ Diversity
- ◆ Self Esteem
- ◆ “Girl Code”
- ◆ Empowerment
- ◆ Equality
- ◆ Women’s Health



Supported Lifestyles – Women’s Group Application Form
 Tuesday’s 1:00pm – 2:30pm January 29th – April 2nd, 2019

Name: _____ First Last	Home Mailing Address: City: Postal Code: Phone:												
PDD ID #:	Guardianship: Is Individual Own Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Date of Birth: _____	_____												
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: _____ Contact Name: _____ Contact Phone #: _____ Contact Email Address: _____	Do not fill out this area, for OFFICE use only! 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> <input type="checkbox"/> AM <input type="checkbox"/> BUDS <input type="checkbox"/> MG <input type="checkbox"/> SED <input type="checkbox"/> WG <input type="checkbox"/> SU Interview booked for: _____ <input type="checkbox"/> RevApp <input type="checkbox"/> GuardSig	Date:	Who:	Result:									
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
- Self Harm or Suicide
- Sexual Behaviours (e.g., inappropriate touching)
- Smoking, Drug, or Alcohol Problems
- Other _____
- 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 identify 3 goals you would like to achieve by the end of the 10-week group:

1. _____
2. _____
3. _____

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 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 Women's 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



Attn: Kelly

