



P.O. Box 2013
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APPLICATION FOR SERVICES

**** FORM MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION ****

Part I – Program Applying For

Life Skills Program Supported Independent Living Program Day Program

Part II – General Information

Name: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Sex: Female Male
DAY / MONTH / YEAR

Family Physician: _____ Telephone: _____

Psychiatrist: _____ Telephone: _____

Mental Health Therapist: _____ Telephone: _____

Pharmacy: _____ Telephone: _____

Income Support Worker: _____ Telephone: _____

Health Care #: _____ S.I.N #: _____

Allergies: _____

Financial Information: (Life Skills/Supported Independent Living Programs)

Source of Income: _____

Monthly Income Received From All Sources: _____

Monthly Expenses for Personal Needs: _____

Monthly Expenses for All Other Needs: _____

Part III – Psychiatric History

Registered with Lloydminster Mental Health Services: Yes No

Community Mental Health Worker: _____

Telephone: _____

Diagnosis: _____

Medication(s): _____

Current Treatment / Intervention: _____

History of Problem Areas: (Pertinent Information **MUST** be Included)

Psychiatric Concerns: _____

Psychiatric Institutionalization (Include Dates of Past Admissions / Discharges): _____

Emotional / Behavior: _____

Drug / Alcohol / Chemical / Gambling Abuse: _____

Self-Medicating: _____

Suicidal Behavior: _____

Self-Harm: _____

Physical Aggression: _____

Criminal Activity: _____

Other – Specify: _____

Part IV – Areas of Services Requested

- Stabilization
- Medication Management
- Assessment / Observation
- Goal Setting / Strategy Planning
- Affordable Housing
- Financial Management / Budgeting
- Nutritional / Meal Preparation
- Daily Living Skills
- Socialization / Integration

- Personal / Mental Wellness Education
- Interpersonal / Social Skills Development
- Career Planning
- Job Search Supports
- Other – Specify Below

Part V – Applicant’s Objectives (MUST Be Completed By Applicant)

Short Term Goals: _____

Long Term Goals: _____

What is your understanding of the Program you are applying for? _____

How will this Program assist you in achieving your Goals? _____

What commitments are you willing to make to ensure the Program is successful for you?

