



P.O. Box 2013  
Lloydminster SK, S9V 1R5  
Telephone: 780-874-9917  
Fax: 780-874-9957

## APPLICATION FOR SERVICES

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

### **PART I – PROGRAM APPLYING FOR:**

- Life Skills Program -- (24 Hour Support)  
 Supported Independent Living Program -- (Community Support)  
 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: \_\_\_\_\_

Other Professionals: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Care #: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Financial Information:** {Life Skills Program / Supported Independent Living Program}

**Income Support Worker:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Source Of Income:** \_\_\_\_\_

**Monthly Income Received From All Sources:** \_\_\_\_\_

**PART III – PSYCHIATRIC HISTORY:**

**Diagnosis/ Psychiatric Concerns:**

---

---

---

---

---

---

---

---

**Medication(s):** {Life Skills Program / Supported Independent Living Program}

---

---

---

---

---

---

---

---

**Psychiatric Institutionalization:** {Dates Of Past Admissions/ Discharges In Past Year}

---

---

---

---

---

---

---

---

**Emotional / Behavior:**

---

---

---

---

**Drug / Alcohol / Gambling / Other:**

---

---

---

---

**Suicidal Behavior / Self-Harm:**

---

---

---

---

**Criminal Activity / Community Treatment Order / Probation / Court Dates:**

---

---

---

---

**Other – Specify:**

---

---

---

---

