



APPLICATION FOR SERVICES

P.O. Box 2013 Lloydminster SK, S9V 1R5

Telephone: 780-874-9917

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

PART I – PROGRAM APPLYING FOR:

Life Skills Program – *(In treatment / live-in program provided on site at LYC - 24 hour support)*

Day Program – *(Recreation and wellness activities provided on site at LYC and in the community)*

Community Outreach Program – *(In home support provided at individual community residence)*

PART II – GENERAL INFORMATION:

Name: _____

Address: _____

Telephone Number (Home): _____ (Cell): _____

Date of Birth: _____
(Month / Day / Year)

Family Physician: _____ Telephone: _____

Psychiatrist: _____ Telephone: _____

Other Professionals: _____ Telephone: _____

Pharmacy: _____ Telephone: _____

Health Care Number: _____ Allergies: _____

Gender: Male Female Non-binary Transgender Intersex I prefer not to say

Financial Information:

Name of Income Support Worker: _____

Email: _____ Telephone: _____

Source of Income: AISH Alberta Works SAID EI No secured income

Other: _____

Monthly Income Received From All Sources: \$ _____

Approximate Start Date of Secured Income: _____

(Month / Day / Year)

PART III –PSYCHIATRIC & HEALTH HISTORY:

Mental Health Diagnosis / Psychiatric Concerns:

Other Health Diagnoses / Concerns:

Diabetes	Asthma/emphysema	Arthritis
Heart disease	Gait/ambulatory challenges	Kidney disease
Hyper/hypotension	Visual impairment	Liver disease
Hyper/hypothyroidism	Hearing impairment	Chronic pain
Epilepsy/seizures	Cancer	Gout
HIV/aids	Hepatitis	Brain injury
Organ transplant	Major surgery	High cholesterol

Other(s) please specify: _____

Medication(s):

Psychiatric Institutionalization: (Dates of Past Admissions / Discharges In Past Year)

Emotional / Behaviour:

Drug / Alcohol / Gambling / Other:

Suicidal Behavior / Self-Harm:

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

Other – Specify:

PART IV – AREAS OF SERVICES REQUESTED:

Coping Strategies Education

Medication Management

Establishing Healthy Routines

Goal Setting / Strategy Planning

Financial Management / Budgeting

Nutritional / Meal Preparation

Personal / Mental Wellness Education

Daily Living Skills

Socialization / Community Integration

Interpersonal / Social Skills Development

Career Planning

Job Search Supports

Other(s) please specify: _____

PART V – EMERGENCY CONTACTS:

Contact Name: _____ Relationship: _____

Address: _____

Telephone (Cell): _____ (Home): _____

Contact Name: _____ Relationship: _____

Address: _____

Telephone (Cell): _____ (Home): _____

PART VI:

Applicant Name: _____
Print Name Signature

Referral Source: _____
Print Name Signature

Referral Telephone Number: _____

Referral Email: _____

Date: _____
(Month / Day / Year)