



Application for R.E.A.C.H. Centre Membership

The R.E.A.C.H. Centre is a program for adults who identify their mental health as a barrier to socialization, recreation and overall mental wellness.

The completed application may be brought to the R.E.A.C.H. Centre on the ground and first floor in the Victoria Health Centre located at 65 Brunswick Street or emailed to tanner.smalczewski@crmhaa.ca
Upon completion and submission of this application and consent form, you will be contacted and asked to meet for an intake interview and orientation by the R.E.A.C.H. Program Manager.

Applicant Personal Details

Name:			
Preferred Pronouns:			
Date of Birth:			
Address:			
Cell Phone Number:			
Home Phone Number:			
Email:			
Family Doctor/Nurse Practitioner:		Phone:	
Psychiatrist:		Phone:	
Counsellor/Support Person:		Phone:	

Emergency Contact Details

Contact Name:	
Relationship:	
Emergency Contact Number:	

Transportation

Please check which one most applies to your mode of transportation:

☐	I have reliable transportation (bus, vehicle, walking)
☐	I do not have reliable transportation

Do you receive support from any other agencies?

Examples could be Addiction and Mental Health Services, Capital Region Mental Health and Addictions Association, Canadian Mental Health Association, John Howard Society, NA, AA, GA, Al-Anon.

Your goals

Please check what your goals may be in attending R.E.A.C.H. programming:

☐	Friendship	☐	Coping Mechanisms	☐	Community
☐	Independence	☐	Reduce Isolation	☐	Other:

Examples of Activities

Please check which activities you may be interested in:

☐	Nutrition/Cooking Classes
☐	Creative activities (knitting/crocheting, diamond dots, painting)
☐	Drop-in times to socialise, play cards, watch movies
☐	Walking and other opportunities for exercise
☐	Community outings (bowling, thrift-store shopping, mini golf)
☐	Opportunities to learn new skills (photography, computer courses)
☐	Discussion groups
☐	Other:

Is there anything else you would like R.E.A.C.H. staff to know?

Signature

Signature of Applicant:		Date:	
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If you require any further information or clarification regarding this application, please contact:

Tanner Smalczewski	(506) 998-1665	(506) 452-2753	tanner.smalczewski@crmhaa.ca
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Mental Health R.E.A.C.H. Centre

Consent for Release of Confidential Information

I (name), _____ authorise the following people from (Mental Health Centre Staff, Physician, Psychiatrist, Worker etc.) to exchange information with R.E.A.C.H. Staff concerning my acceptance and attendance of the Mental Health R.E.A.C.H. Centre. Information included may be related to medical, physical, psychological and/or behavioural aspects. I understand that I have the right to revoke my consent to release information at any time before it is released. The bounds of confidentiality would be released and disclosed in the case of a risk of harm to oneself, risk of harm to others, a suspicion of abuse and/or a duty to warn ensuring safety.

Signature of Applicant:		Date:	
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Signature of Witness:		Date:	
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Mental Health R.E.A.C.H. Centre

Photo Consent Form

The R.E.A.C.H. Centre is requesting permission to take photographs or electronic media images which may be posted to our official social media platforms and possible future advertising. These photographs or electronic media images may also be used by Capital Region Mental Health and Addictions Association for the same purposes.

You may revoke your decision at any time by notifying the Program Manager. The revocation will not affect any actions taken before the notification. Your decision does not affect your membership application. If you are not comfortable being photographed on a specific day, please let staff know and we will try to accommodate you.

Please check one:

☐	I give permission to the R.E.A.C.H. Centre and Capital Region Mental Health and Addictions Association to use photos of me on their social media platforms.
☐	I do not give permission to the R.E.A.C.H. Centre and Capital Region Mental Health and Addictions Association to use photos of me on their social media platforms.

Signature of Applicant:		Date:	
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If you require any further information or clarification regarding this consent document, please contact:

Tanner Smalczewski	(506)-998-1665	(506) 452-2753	tanner.smalczewski@crmhaa.ca
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