



ADULT ACQUIRED BRAIN INJURY PROGRAM

Supports for Community Living Services

780-496-9686 ext 241

Community Support Services provides support to survivors with an acquired brain injury who are living independently. This service is designed to help the survivor enhance their quality of life through skill development and accessing community resources available in the survivor's home or in their community. Goals are tailored to individual needs. Service will fade as skill development increases. Following is a list of some areas that Community Support Workers can assist with:

Cognitive skills coaching:

- Memory, initiation and motivation
- Attention, organization and learning
- Problem solving, decision-making, planning and revising

Daily living skills

- Meals (planning, grocery lists/shopping, preparation, Collective Kitchens)
- Household task organization strategies (routines, chore charts, calendars, to do lists)
- Time management (daytimer training: medication reminders, important dates for appointments and events)
- Money management (comparison shopping, budget planning, bill payment schedules)

Lifestyle changes and skill development:

- Communication skills
- Social contact support (increasing social interaction opportunities, church services, Friends of the Brain Injured Association, BCC and Networks Activity Centre).
- Relationship support with family and friends
- Coping skills (stress reduction, self-pacing energy, recovery support)
- Nutrition and exercise (Canada Food Guide information, community dietician, developing good health practices)

Volunteer/employment/education readiness;

- Action planning to achieve readiness
- Assistance with application forms/resumes/documentation
- Job searching and maintaining employment

Community resources:

This individualized service, tailored includes but is not limited to the following: exploration of interests, community mapping, ETS training, accessing public facilities (e.g. recreational, Nina Haggerty Centre for the Arts), free or low cost activities and community events, fee reduction program, referrals, advocacy assistance and other areas that are relevant to the individual needs.

Service Limitations

The service is based on the survivor's voluntary and active participation and is a goal oriented service. Community Support workers cannot and will not make survivors comply against their own wishes. There are some areas that Community Support workers **cannot** assist individuals with, but when needed would help to set up supports to do so or make referrals to the appropriate services. They include the following areas:

- Behaviors of concern
- Active addictions
- Long term medication reminders
- Administration of medications
- Personal care (bathing, lifting, etc)
- Transporting individuals
- Companion services
- Hold money
- Signing authority on bank accounts
- Cleaning services
- Nursing care
- Counselling services
- Recreational and leisure companionship
- Tutoring
- Other as may arise from time to time

If you have any specific questions about the service please call the intake worker at: 780-496-9686 ext. 241



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Referral Form

780-496-9686 ext. 241

Criteria of ineligibility: PDD eligible, in a 24 hour community living model, progressive or degenerative condition.

Individual Name:		Phone #	
Address:		Cell #	
Health Care #		Birth Date	
Emergency Contact:	Relationship:	Phone #	

SCLS workers have a legal responsibility to act within the guidelines of the following documents. Please include the documents with the referral if they apply. Complete the following boxes only if they apply.

Enacted Power of Attorney If Yes Name _____ _____ Phone # _____	Enacted Personal Directive If Yes Name _____ _____ Phone # _____	Trusteeship If Yes Name _____ _____ Phone # _____	Guardianship If Yes Name _____ _____ Phone # _____
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Referral Information

Referral Completed by:	Phone #
Organization:	Fax #:
Date of Injury	Cause of Injury:

Documentation: Brain Injury Information: Please include documentation of the brain injury with your referral form as well as discharge summaries, interdisciplinary reports (Occupational Therapy, Physical Therapy, Recreational Therapy) Neuropsychological Reports

Co-occurring diagnosis: <i>Check all that apply</i>	<input type="radio"/> Active addictions	<input type="radio"/> Physical disability	<input type="radio"/> Mental Health
	<input type="radio"/> Recovering addictions	<input type="radio"/> Other _____	

How has your life been impacted by the brain injury

Reason for Referral (Problem solving, Medical Health practices, Personal support network, Community Participation, Daily living skills)
Expand and Explain:

Program Involvement(if applicable): History:

Have you Had SCL Service before ? Yes No If yes name of agency _____

Community organizations that you are currently evolved with:

Cautions (History of aggression/self harm/substance abuse/ infections, Criminal record/police involvement, suicide, bed bugs)

Who are your natural supports and what do they help you with?

Name:

Phone #

Does your natural support want to be present at the Intake Meeting? Yes No

What is your current living situation, i.e. living alone or with others?

CONTACT INFORMATION

Profession	Name	Agency	Phone Number
Family Physician			
Psychiatrist			
Social Worker			

How many hours do you feel you need? _____ hrs

Program Use only	
Date referral received:	Date of contact:
Skills Program Staff:	Intake Date:
Placed on waitlist	Time on waitlist

Mail or Fax to:
Skills Society for Community Living Services
10408-124 Street

Edmonton, AB T5N 1R5
Phone: (780) 496-9686
Fax: (780) 482-6395
lashar@skillsociety.ca

Acquired Brain Injury
Program Manager
Lasha Robert
Phone: (780) 801-3241