



Giving Hope Today

Courthouse Spiritual Care - The Salvation Army/Armée du Salut  
1059 161 Elgin Suite Ottawa, ON K2P2K 1 - Fax: (613) 233-3683 - Tel: (613) 234-7138

# Positive Lifestyle Program Referral Form

## PARTICIPANT DETAILS

<b>Surname</b>		<b>First Name</b>	
<b>D.O.B</b>		<b>Phone</b>	
<b>Email</b>			
<b>Address</b>			

## EMERGENCY CONTACT

<b>Surname</b>		<b>First name</b>	
<b>Relation</b>		<b>Phone</b>	

## REFERRAL SOURCE

<b>Surname</b>		<b>First name</b>	
<b>Agency</b>		<b>Position</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			
<b>Address</b>			

## PROGRAM

Requested number of sessions (3-12): \_\_\_\_\_

### Suggested Topics\*

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Self-Awareness  | <input type="checkbox"/> Stress      | <input type="checkbox"/> Anger                 | <input type="checkbox"/> Assertiveness  |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Budgeting   | <input type="checkbox"/> Loneliness            | <input type="checkbox"/> Loss and Grief |
| <input type="checkbox"/> Depression      | <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Spiritual Life & Hope | <input type="checkbox"/> Goal Setting   |

\* Unless under court order, discussion topics will be left up to the individual to choose. Referral source suggestions will be mentioned during the intake process but may not be the topics of choice for the participant. The participant will be expected to attend as many sessions as the referral source has requested. Sessions run approximately one hour each.



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## ATTENDANCE AND PARTICIPATION AGREEMENT FOR POSITIVE LIFESTYLE PROGRAM

Please understand you are expected to be present for the mutually agreed upon scheduled appointments. If you fail to attend, reschedule or cancel an appointment in advance (24 hours' notice is required), then you will be considered absent. You are also expected to be on time and participate in the session, which is typically one hour.

Being absent or late from 3 appointments will mean dismissal from the program.

You may re-apply to be welcomed back when you are able to commit to attendance and participation so you may fully benefit from this program.

My signature confirms my understanding of, and agreement with, the above statements. I understand that I may discuss any questions I have about this information with my Positive Lifestyle Program facilitator.

Client Signature and Date: \_\_\_\_\_

Facilitator Signature and Date: \_\_\_\_\_