

AUTISM
RESOURCE
CENTRE

...finding colour in the **spectrum**



Dear Future Member,

Thank you for your interest in the programs offered through the Autism Resource Centre (ARC)!

The following information is required prior to scheduling your membership meeting with us. Please complete the attached forms and return them by email, mail, or you can drop them off in-person at our office.

- Fully completed Membership Package
- Autism, Aspergers, or PDD-NOS diagnosis from a medical professional or psychologist

If the Court of Queen's Bench has appointed a guardian or co-decision maker of the future member, please ensure a copy of the registrar's issued order is included with your welcome package so we can ensure proper procedures are followed when signing consent forms.

Once all the required information is received, a membership meeting will be scheduled as previously explained in the welcome letter. At this meeting we will:

- Answer any questions you have about our programs
- Learn from you how we can best support you in our programs by discussing your:
 - Personal interests
 - Current living situation
 - Skills you'd like to learn
 - Relevant physical and mental health information
 - Preferred support and teaching strategies

In order to participate in our programs following your meeting you must become an ARC Member. We charge an annual fee of \$30 for memberships.¹ Payments can be made by cash, debit, credit card, or e-transfer.

At the end of this document is a copy of our Code of Conduct & Information Sharing policy and our Media Consent form. Please review these before your membership meeting. Feel free to include a signed copy when you return your package.

If you have any questions contact us at 306-569-0858 or by email: Stacey@autismsk.com.

Thank you, we look forward to meeting you!

Sincerely,
The Autism Resource Centre Staff

¹ Starting September 1st, 2024 our membership fee will increase to \$40

Contact Information

Date: _____

How did you learn about us? _____

Contact Information:

Name: _____ Date of Birth: _____ Age: _____
(DD-MON-YYYY)

Gender: _____ Pronouns: _____

Address: _____ Home Phone: _____

City: _____ PC: _____ Cell Phone: _____

Email: _____

Preferred method of contact:

Ethnic Background: (Used for statistical purposes only) _____

Has the court of Queen's Bench legally approved an application for Guardianship or Co-Decision Maker for the above member? (please select the appropriate option below)

Yes – Guardianship* Name of Guardian: _____

Yes – Co-decision maker* Name of Co-Decision Maker: _____

No

*Documentation for Guardian or Co-Decision Maker must be provided.

Note: This section refers to a court order that is granted through application to the Saskatchewan government once the individual becomes and adult.

Additional Contacts: (If applicable, family, spouse, roommates, etc.)

1. Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Preferred method of contact:

2. Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Preferred method of contact:

Medical Information

We are committed to providing person-centered education, support, and programs for our members. To offer meaningful and tailored resources, we need to gather certain personal information. All personal information is kept private and confidential, and is accessible only to our staff.

Emergency Information:

Hospitalization #: _____

Emergency Contact: _____

Phone Number: _____

Relationship: _____

Medications:

<u>Name</u>	<u>Dosage</u>	<u>Related Medical Concern</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you take your medications regularly as prescribed: Yes No

Do you have seizures: Yes No

Medical Information:

At what age did you receive your autism diagnosis? _____

Where did you receive your diagnosis? _____

Please list any other diagnoses:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> OCD | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> ODD | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Mood disorder | <input type="checkbox"/> Sleeping disorder |
| <input type="checkbox"/> Other, please list | | |

Allergies: _____

Please list any other important medical information:

Medical Information

Family Physician:

Name: _____

Clinic: _____

Phone: _____

Psychiatrist:

Name: _____

Clinic: _____

Phone: _____

Mental Health Worker:

Name: _____

Clinic: _____

Phone: _____

Community Living Service Delivery Worker:

Name: _____

Clinic: _____

Phone: _____

Other:

Name: _____

Clinic: _____

Phone: _____

Type of Provider: _____

Other:

Name: _____

Clinic: _____

Phone: _____

Type of Provider: _____

Hospitalizations in past 8 years:

Date: _____

Reason: _____

Length of Stay: _____

Date: _____

Reason: _____

Length of Stay: _____

Date: _____

Reason: _____

Length of Stay: _____

Date: _____

Reason: _____

Length of Stay: _____

Member Information

The following questions will give us a better understanding of what you would like to gain from our programs, and how we can best support you while you are here. Please do your best to provide detailed information, however it is not meant to be overwhelming or overly time-consuming. We will review the answers at your membership meeting and gather further information needed at that time.

Highest Level of Education Received: _____

Highschool attended: _____

Highschool Stream: Mainstream | FIAP | DC | Other: _____

Reading level: Strong | Basic | Requires Visuals

How do you currently get around the city?

- Drives Self Regina Transit Paratransit Cabs/Uber
 Friend/Family Drives Other, please describe _____

What is your current living situation?

- Living with parents / Caregivers Group home: _____
 Living on own Living partner/spouse Living with roommates
 Other, please describe _____

Do you have plans to change your living arrangements in the next 12 months? Yes No

If yes, please describe your plans:

Are you currently looking for employment?

- Yes - looking for full time hours Yes - looking for part time hours
 Not currently Other, please describe:

Please checky all life skills areas you are interested in learning more about:

- Time Management Cooking Cleaning Hygiene routines
 Budgeting Laundry Other, please list:

Member Information

What type of instructions do you prefer when learning something new?

- Written Auditory Visual Hands on practice Demonstrations
 Other, please describe

Please indicate your current need for counseling services:

- Urgent (Immediate support needed)
 High (Support needed soon)
 Moderate (Support needed within a few weeks)
 Low (Support can wait for a month or more)
 Not sure

Please note that our counselling services have a waitlist for access at times. If you are in urgent need of counseling, please visit <https://mobilecrisis.ca/> for local mental health resources.

Program Interests

Please check off all your current program interest below. We will discuss these interests during our membership meeting and provide more details for each program. You are not obligated to register for any programs by checking them off here. A detailed program list is provided on the following pages.

Life Skills:

- | | |
|--|---|
| <input type="checkbox"/> Chill & Connect | <input type="checkbox"/> Independent Living Program |
| <input type="checkbox"/> Social Drop In | <input type="checkbox"/> Cooking Program |
| <input type="checkbox"/> ARC in the Park / Active with ARC | <input type="checkbox"/> PEERS® |
| <input type="checkbox"/> Grow With ARC | <input type="checkbox"/> Improv |
| <input type="checkbox"/> Women's Group | <input type="checkbox"/> Healthy Futures |

Vocational:

- Employment Readiness Program
 Supported Employment
 Volunteer group

Mental Wellness:

- 1:1 Counselling
 Group Counselling
 Parent Support Group

Please list any program options you would be interested in attending that we do not currently offer:

Program Descriptions

We offer a wide range of program options in the areas of employment, life skills, counselling and recreation. Programs are offered in a variety of different formats including groups, drop-in sessions, classes, workshops, and 1:1 appointments.

Drop-In Programs - Offered Year-Round

Chill & Connect

★ Tuesday 1:30-3:00 ★ 199 Leonard St. ★ Free with membership

Join us to play board games, Nintendo switch, meet new people, and enjoy some quality socializing in our friendly atmosphere. Each week we also offer a new snack to enjoy.

Active With ARC

★ Thursday 2:30-4:00 ★ Wascana Park / Fieldhouse ★ Free with membership

In the summer we walk as a group using the path around Wascana Lake. In the winter we move inside to the City of Regina Fieldhouse to use the gym equipment, play badminton, and walk the indoor track. The program focuses on developing healthy habits in a safe and supportive environment while having the opportunity to socialize with others.

Grow With ARC

★ Thursday 10:30am-12:00pm ★ TBD ★ Free with membership

Learn about gardening, connect with nature, and socialize with other members. During the outdoor growing season, we meet weekly to plant and care for vegetables, flowers, and herbs.

Women's Group

★ 1 activity / month ★ Various locations ★ Free with membership

Women's Group provides a fun opportunity to connect with other young women to try new activities in a welcoming environment. All ARC members who identify with womanhood, in any way, are welcome to attend. This group meets monthly, and dates and activities rotate.

Short Term Employment Support

★ 1hr weekly by appointment ★ 199 Leonard Street ★ Free with membership

Our inclusive employment consultants are available to help members who are ready to work independently in the community and are looking for short term help finding a job. Appointments can focus on job searching, resumes, or interview skills.

Social Drop in

★ Wednesday 6:00-8:00pm ★ Various Locations ★ Cost: \$5 / activity

Participants meet at various locations every week to share interests, participate in social activities, and spend time with peers. We offer a variety of different activities that encourage engagement with our local community and each other.

Volunteer Group

★ 1 activity / month ★ Various Locations ★ Free with membership

Volunteer group offers our members have a chance to build work skills, make community connections, and meet other members with common interests. This group can often be found at special events and local organizations helping behind the scenes.

Program Descriptions

Parent Support Network

★ Wednesday 6:00-9:00pm

★ 199 Leonard Street

★ Free with membership

This group offers support, networking and educational opportunities focused on topics of importance to caregivers of autistic adults. This group meets at our center on the third Wednesday of each month. No meetings in July & August.

Core Programs - Offered Year Round

Independent Living Program (ILP)

★ 1 hour/week

★ 199 Leonard Street

★ Free with membership

ILP is a person-centered, goal-based program developed to help individuals obtain greater independence at home or in the community. Skill areas that can be addressed include, but are not limited to social skills, budgeting, time management, personal hygiene, relationships and intimacy, meal planning, cooking, and healthy lifestyles. Members meet 1:1 with the life skills team for up to 8 weeks.

Supported Employment

★ Time Varies

★ 199 Leonard Street

★ Free with membership

Our inclusive employment consultants work with members who are ready to find competitive employment. They work 1:1 with each member to ensure their job search matches their values, interests, and skills/abilities when applying for jobs available in the local community.

Individual Counselling

★ Time Varies

★ 199 Leonard Street

★ Free with membership

1:1 counselling is available to members and, on occasion, their families. Some examples of areas covered in counselling include life transitions, communication skills, anxiety, depression, anger management, abuse, bullying and sexuality. Our counselling is person centered, strength based, and trauma informed.

Registered Programs - Offered Seasonally

The Program for Education and Enrichment of Relational Skills (PEERS®)

★ 1 evening/week, 12 weeks

★ 199 Leonard Street

★ Free with membership

PEERS® is an evidence-based social skills program designed for autistic young adults to learn more about allistic social expectations, which may be helpful in navigating various interactions in daily life. Topics covered include conversational skills, handling peer pressure, use of humour, electronic communication, conversation entry and exiting skills, handling disagreements, dating skills and get-togethers with friends. A social coaching component is incorporated to further apply and practice the concepts introduced.

Cooking Program

★ 1 evening / week, 8 or 10 weeks

★ 199 Leonard Street

★ \$115 material fee

Cooking Program teaches participants a variety of skills such as recipe planning, budgeting, food preparation, cooking, following recipes, and time-management. There are two streams offered based on prior cooking experience.

Program Descriptions

Healthy Futures

- ★ 1 evening / week, 9 weeks
- ★ 199 Leonard Street
- ★ Free with membership

Healthy Futures is a group program offered for those wanting to learn more about relationships and sexual wellness. It covers a variety of topics including relationships, gender identity, personal hygiene, and safer sex practices. The goal is to provide accurate education in these areas and a safe space for members to ask questions or express concerns.

Employment Readiness Program

- ★ 2 days / week, 8 weeks
- ★ 199 Leonard Street
- ★ Free with membership

The Employment Readiness Program is an 8-week program that utilizes the Practical Assessment Exploration System (PAES®) to help individuals discover what fulfilling employment means to them. Participants practice realistic, entry-level job tasks they may never have attempted before, promoting the development of hands-on skills and self-confidence. Each day participants also work on a pre-employment skill or activity to help prepare them for future employment. Opportunities for volunteer and mentorship are also provided.

Group Counselling

- ★ 1 evening / week, length varies
- ★ 199 Leonard Street
- ★ Free with membership

Group counselling sessions are designed to encourage wellness by bringing together ARC members and providing a platform to participate, connect and support each other through shared and lived experiences in an inclusive setting where members will be encouraged to be themselves and share in a way that works for them.

Improv

- ★ 1 day / week, 10 weeks
- ★ Location Varies
- ★ Free with membership

Offered In partnership with the Globe Theater and funded by the City of Regina, Improv offers a fun and supportive environment with great instructors to foster spontaneity and a safe place to try acting and improvisation activities.

We may also offer workshops, special events, and new programs or throughout the year. For our most current programming options and special events calendar please check out our website: www.autismresourcecentre.com.

Next Steps

Thank you for taking the time to fill out our membership welcome package!

The next step is to scan and return this package along with your autism diagnosis to:

- stacey@autismsk.com, or
- Drop it off at 199 Leonard Street during regular office hours
 - More information on our location & hours can be found on our website www.autismresourcecentre.com

Once we have received your package, we will reach out by email to set up a follow up meeting as discussed in the welcome letter. We often receive a high number of requests for membership, so there may be a short delay before we are able to schedule this meeting with you. We appreciate your patience with this process.

On the following pages are our Member Code of Conduct & Internal Information Sharing and Media Consent Form. Please review these before our meeting. If you would like to include a signed copy of them with your membership package, feel free to do so.

If you have any questions, please reach out to us by emailing stacey@autismsk.com or calling 306-569-0858.



The Autism Resource Centre (ARC) seeks to continually provide a welcoming and comfortable environment that ensures trust and respect for all members, visitors and volunteers. To achieve this, ARC uses a collaborative staff approach, which means those employed by ARC may share information amongst each other for the purpose of best supporting members. Your confidential information will not be shared with anyone outside of ARC staff persons without written consent, unless a situation invokes a duty to report, which may include the following:

1. Concern of; or actual harm to yourself or others
2. Concern of; or actual harm to a child (Child Protection)
3. Court order; Provincial or Federal Court

Staff will continually assess the above risks and will inform appropriate professionals as required. By signing this form, I provide consent for staff to share information regarding my involvement at ARC internally.

The Autism Resource Centre also expects members to conduct themselves in a way that demonstrates respect to others while at ARC or when involved in off-site activities. ARC strictly forbids discrimination or harassment of any kind, whether based on race, colour, national original, religion, creed, sex, gender, physical, mental or developmental disability, marital status, sexual orientation, political ideology or any other reason.

The following is a list of behaviours that will not be tolerated:

- Physical violence;
- Verbal abuse;
- Profanity
- Any form of harassment;
- Intimidation tactics and/or making threats;
- Malicious or harmful statements about others;
- Display or circulation of inappropriate or derogatory written materials or pictures through electronic communication;
- Public disclosures of another's private information;
- Possession of dangerous or unauthorized material; and
- Solicitation, purchase or selling of illegal substances.

Members and/or visitors who appear to be under the influence of alcohol, illegal drugs, or other intoxicating substances may be asked to leave the premises.

I recognize the safety and security of ARC's employees, members, visitors, and volunteers is of paramount importance and, therefore, these expectations are strictly enforced. If I am non-compliant, corrective measures will be undertaken.

I confirm that I have read and understood this Member Code of Conduct & Internal Information Sharing document and agree with all confirmations as stated above.

Name: _____

Signature: _____ Date: _____

Media Consent

I, hereby, grant and authorize the AUTISM RESOURCE CENTRE (ARC) and those acting as representatives, employees or officers with ARC to use, present, access, and release any photographs or video of myself documenting their work and social skills in all forms of media and in all manner without good and valuable consideration and without payment to me or any other individual at anytime now or in the future.

I, hereby, grant and authorize ARC, with full and sufficient authority to disclose, and present the above noted media for communications, marketing, education, and publicity purposes without limitation to educate and inform the public, to advocate, to assist potential employers; and for any other reasonable purpose that ARC established now or anytime in the future.

Please check only **one** of the following boxes:

- I **DO** give consent for my photograph or video clips to be used by ARC for the media and training purposes listed above.
- I **DO NOT** give consent for my photograph or video clips to be used by ARC for any of the purposes listed above.

I acknowledge that I may change my consent at any time by providing formal written notice to ARC.

I confirm that I have read and understood this formal media consent and agree with all confirmations as stated above.

Name: _____

Signature: _____

Date: _____