

Name: _____ Date: _____

Important information. Please read this section first.

We help adults with acquired brain injuries live as independently as possible in their communities.

We do this by helping individuals and families find and apply for the supports and services offered by other agencies and federal, provincial and municipal government programs.

Filling in this application is the first step in applying for help from SABIS. You may complete this application with or without assistance. A referral or letter from a professional is not required.

If you qualify for services, the assistance you receive from SABIS will vary depending on your needs and the community resources available to you.

We may be able to help you if you meet all of the following eligibility criteria.

- You are 18 years of age or older.
- You acquired your brain injury after the age of 12.
- You live in Calgary or within 60 kilometers of Calgary.
- You do not receive services funded by Persons with Developmental Disabilities (PDD).

Please answer the following two questions with either yes or no.

a) Have you lived in Alberta for three months or longer? _____

b) Are you able to travel to SABIS for an intake interview? _____

Personal Information

Name: _____ Gender: [M] [F] Date of Birth: _____

Address: _____

City Province Postal Code

Daytime Telephone Number Alternate number?

Any special instructions for calling you: _____

Email _____

Other Contact Information

Name: _____ Relationship: _____

Telephone Number: _____

If you have a guardian or legal representative, please give their name and phone number.

Guardian / Legal Representative: _____

Telephone Number: _____

Family Information

Living situation? (eg. Group home, independent, homeless etc) _____

Do you have a support system? (eg. Family, friends, professionals) _____

Acquired Brain Injury Information

1. Please tell us the year of your brain injury and the cause of it.

Year: _____ Cause: _____

2. Do you have a record of your brain injury? Yes No

3. SABIS requires a record of an acquired brain injury. Please include a copy with this application form.

A record of a brain injury can be any one of the following: a medical record, a hospital discharge record, a rehabilitation treatment record or a neurological assessment.

Do you need help finding or applying for any of the following supports and services?
If yes, please put a check mark in the appropriate box or boxes.

- Applying for income such as AISH, CPP-D, Alberta Works
- Applying for housing such as Calgary Housing etc.
- Applying for transportation such as Access Calgary
- Functional assessment by AHS Home care
- Independent Living Skills Training
- Job search training/ volunteer opportunities for persons with disabilities
- Addictions/ mental health
- Enrollment in a peer support group
- Family caregiver information and support
- Food hampers / referrals for household furniture
- Other community agencies

Why do you need help, at this time?

In your own words, briefly tell us why you are asking for help from us

Is there anything else you think we should know about you?

Once you have completed this application, please return it to the Southern Alberta Brain Injury Society along with your record of a brain injury.

Our office is located at:

102, 2116 27 Avenue NE
Calgary Alberta T2E 7A6

Our office is open Monday to Thursday from 9 AM to 12 PM, and 1 PM to 4PM.

Our phone number is: 403-521-5212; our fax number is: 403-283-5867

You may also email this application to: sabis@sabis.ab.ca

You can mail, fax, email or personally deliver your application to our office during our business hours.