## YWCA Prince Albert 1895 Central Avenue Prince Albert, SK S6V 4W8

t. 306-763-8571 f. 306-763-8165 www.ywcaprincealbert.ca

March 7, 2022

**Attention: Institution referring staff** 

## RE: Medical Institution Referral Criteria to YWCA Our House and YWCA Central Avenue

This procedure applies to anyone being released from a medical facility (hospital, treatment centre, etc).

Both the applicant and a staff member must fill out the attached application forms.

**Women only** are to submit their application to Central Avenue by fax at 306-763-8165 or by email to deberno@ywcaprincealbert.ca.

**Women only** are to submit their application Our House by fax at 306-922-6196 or by email to tonyakleinert@ywcaprincealbert.ca.

All applicants requesting residency at any YWCA Prince Albert facility must provide information regarding medical issues, mental health issues, and medications. If there is a history of drug and/or alcohol abuse, the applicant must show what they are currently doing and have done in the past to address these issues. The attached application form must be filled out and faxed or emailed to YWCA Prince Albert. The application must arrive at YWCA Prince Albert during regular office hours. Once the application is received at YWCA Prince Albert, referring staff will be contacted to verify the information and determine eligibility.

Each application will be reviewed, and suitability will be determined. YWCA Prince Albert reserves the right to refuse any application. The staff and the applicant will be informed of the decision through the original method of submission and be given the reasons and/or conditions that will apply.

Sincerely,

**Donna Brooks**Chief Executive Officer
YWCA Prince Albert



## **YWCA Prince Albert** 1895 Central Avenue Prince Albert, SK S6V 4W8

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## Application for residency for an individual being released from a medical institution.

	Victoria Hospital	Kingsmere Villa	Valley Hill Detox
	Other (please specify):		
NAME	E:	DATE OF BIRTH:	
EXPEC	CTED RELEASE DATE:		
CURRI	ENT HEALTH ISSUES:		
PRESC	CRIBED MEDICATIONS:		
SPECI	IAL NEEDS:		
ALLERGIES:			
This application will include contact with institution staff in relation to your health issues and			
any addictions issues. All information is confidential. Typing your name serves in lieu of a signature.			
Cliona	t Circolius	Data	
Client	t Signature	Date	
Our House: Fax 306-922-6196; email <a href="mailto:tonyakleinert@ywcaprincealbert.ca">tonyakleinert@ywcaprincealbert.ca</a> .  Central Avenue: Fax 306-763-8165; email <a href="mailto:deberno@ywcaprincealbert.ca">deberno@ywcaprincealbert.ca</a> .			
Institution staff referral: Someone from YWCA Prince Albert will be contacting you regarding this referral to determine suitability for residency and/or the decision regarding residency.			
Name	:	Position:	
Phone	e Number:	Fax:	
Email	<b>:</b>		
Signat	ture:	Date:	