

## Skills for Safer Living Registration/Referral Form

### About Skills for Safer Living

Skills for Safer Living (SfSL) is an evidence-based, suicide intervention program for youth (aged 12-24) considering suicide and their caregivers.

The group meets once a week for a 90-minute session for four weeks. In the sessions, youth learn to build skills and capacity to help keep themselves safe. Caregivers meet in a separate group that takes place at the same time. In addition to building capacity in youth, the program builds the same knowledge in families/caregivers. It intends to foster a feeling of support from and among caregivers in a situation that is scary, but not hopeless.

Each week the psychoeducational/psychosocial group will cover one of the four themes:

- creating a climate of safety
- building networks
- identifying early warning signs
- developing a safety plan

The sessions are led by a combination of two facilitators that include an allied health professional and/or a peer facilitator who has lived experience. The program introduces basic language, skills, and concepts to better understand the thoughts and feelings associated with suicide and strategies to mitigate them and keep the participant as safe as possible. By the end of the program, each participant will have developed a safety plan and skills for keeping themselves safe.

While it's preferred that youth and their caregiver participate in the program, it is possible for caregivers to attend without their youth and for youth to attend without their caregiver.

Youth and young adult group members need to have an "Individual Support Person" whom they see on a regular basis to work through some of their personal issues with and to "teach" what they are learning. The Individual Support Person is someone who the young adult finds supportive and who is willing to help them as they go through the group process; e.g. for some group members it has been a general practitioner, psychiatrist, counsellor, social worker, teacher, or an A.A. sponsor who was the most helpful during the process. It cannot be a family member or friend.

## Registration/Referral Form

Please complete this form if you are interested in attending one of our Skills for Safer Living Groups. This information will help us determine which group would be the best fit for you. You will be contacted to set up an intake meeting to discuss next steps and available options.

Date: \_\_\_\_\_

### Youth Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Pronouns: \_\_\_\_\_

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Pronouns: \_\_\_\_\_

### Group Criteria Questionnaire

1. Which Skills for Safer Living group are you interested in?

- ☐ Youth/Young Adult
- ☐ Parent/Guardian group
- ☐ Both

2. Why are you interested in the Skills for Safer Living Group?



**Canadian Mental  
Health Association**  
Alberta Southeast Region  
*Mental Health for all*

3. The Skills for Safer Living Group is for youth/young adults with **current suicidal thoughts, and/or previous suicide behaviours** (ie. attempts) and their parents/guardians. Do you have current suicidal thoughts and/ or previous suicide behaviours (ie. attempts)?
4. Youth/Young Adults need to have an **Individual Support Person** (see “Individual Support Person” description in the “About Skills for Safer Living” section above) to attend the Skills for Safer Living group. Do you currently have an Individual Support Person? If not, would you be willing to work with the Skills for Safer Living Facilitators to find an Individual Support Person you could access while attending group?
5. How did you find out about Skills for Safer Living?

I confirm that I have read and completed this form as accurately as possible. I consent to Canadian Mental Health Association, Alberta Southeast Region receiving this information and agree to be contacted for a follow-up intake interview.

---

**Caregiver Name**

Print

---

**Date**

---

**Signature Caregiver**

---

**Young Adult Name**

Print

---

**Date**

---

**Signature**  
**(young adult participant)**

Please email this form to: [ereeder@cmha-aser.ca](mailto:ereeder@cmha-aser.ca). You will be contacted with follow-up information in a few weeks.

**If you are in immediate danger, call 911**

**If you are in crisis, please call the Distress Centre at 1-800-784-2433, or**

**Kids Help Phone at 1-800-668-6868 or text 686868**