

# ***KEEPING IN TOUCH***

*This Canadian Mental Health program is a telephone service offered by Peer Workers. This is a social call to connect with individuals who would like a friendly call to keep in touch and find out what is happening within the community.*

*Socializing has been recognized as a difficult challenge for people living with mental health issues. However, this service reaches out to people (18 and over) in the community, who feel that they need someone to talk to.*

*Community partners are encouraged to offer this service to the people that need the support.*

*Referrals can be from Psychiatrists, Physicians and Clinicians and Service Providers*

*The community agencies have recognized the need for this service in the community. The focus of this program is not just the individual's needs but the support for the whole system itself. This will free up time for professionals that already have an overwhelming amount of people they help and in turn save the medical system money so it can be used elsewhere.*

*Currently we do not offer services to individuals outside Prince George due to the long distance cost.*

*All calls are confidential and are social conversations only. However, any discussion of self-harm or harm others, including child neglect will be passed on to the appropriate staff.*

Call times are: **Monday, Tuesday and Wednesday – 10:00 - 11:00 AM**

Referrals can be faxed or dropped off at:

**Canadian Mental Health Association**

555 George Street

Prince George, B.C. V2L 1R8

Tel (250) 564-8644 Ext 30

Fax (250) 564-6155



Canadian Mental  
Health Association  
Prince George  
Mental health for all

*"Mentally Healthy People in a Healthy Society"*

# Keeping In Touch Program Application Form

*Person receiving the call*



Canadian Mental  
Health Association  
Prince George  
Mental health for all

## Referred by:

Contact Name/Agency	
Street Address	
City and Postal Code	
Phone	
Cell Phone	
E-Mail Address	

## Client Information

Name	
Phone	

How do you think this program will help you \_\_\_\_\_

What are your interests and hobbies \_\_\_\_\_

Do you prefer talking with a male or female volunteer Male \_\_\_ Female \_\_\_

## Agreement and Signature

By signing this document you have authorized Canadian Mental Health Association Volunteer to call you.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.