



Saskatchewan Health Authority

Community Health Services
Mental Health and Addictions Services
Dr. F. H. Wigmore Regional Hospital
55 Diefenbaker Drive
Moose Jaw, SK S6J 0C2
P: 306-691-6464 | F: 306-691-6461

August 29, 2019

Dear Parks and Recreation,

The Wellness Metabolic Exercise Program conducted by the Recovery Team branch of Saskatchewan Health Authority Moose Jaw Mental Health & Addictions Services was designed to address the increased rates of metabolic syndrome in our Recovery Clients with serious Mental Illness. Serious mental illness is a significant risk factor for the development of metabolic syndrome and a number of chronic diseases. The Program is led by a degree Kinesiology Professional, a Registered Psychiatric Nurse and a Registered Nurse. This program was in partnership with the Moose Jaw YMCA from September 2017 until its closure and has had many successes.

Our program is seeking a new partnership. Our clients experience many barriers to exercise and our hope is to continue our program with the City of Moose Jaw to help keep our clients active and address their metabolic risk factors. I am including a sample of what was offered at the location of the YMCA. We value discussing any potential in continuing this program at its two times per week capacity in partnership with the City of Moose Jaw.

Sincerely,

**Megan Welwood, BSc Kin.,
Mental Health Therapist
Mental Health and Addictions Services – Moose Jaw
Saskatchewan Health Authority**

Phone: (306) 690-6035

Fax: (306) 692-1367

Email: megan.welwood@saskhealthauthority.ca

You're invited to attend a Wellness Exercise & Education Program!



What: 2x per week exercise & education program that runs Tuesday Afternoon & Thursday Morning

Date: we take rolling referrals and will try to get you in as soon as we can!

Why? Learn how to manage your health & wellness in a supportive environment through education & the benefits of exercise!

Who? Recovery Clients + Joann, Cheri & Megan

Location: TBD

Format:

Tuesday 1:30-3:00 PM	Thursday 10:30-11:30 AM
<p>1:15 PM: Arrive</p> <p>1:30-2:00: self-paced aerobic exercise using the equipment</p> <p>2:00 -2:30: strength circuit using the gym & instructor led balance/stretching</p> <p>*2:30-3:00: education session</p>	<p>10:15 PM: Arrive</p> <p>10:30-11:00: self-paced aerobic exercise using the equipment</p> <p>11:00 -11:30: strength circuit using the gym & instructor led balance/stretching <i>↳ Turf</i></p> <p>*no education on Thursday</p>

Considerations:

- Participation each week is a requirement, but we know things may come up! The program requires you to participate in a minimum of 12 consecutive sessions over 12 weeks
- In order to participate you'll need proper gym attire, i.e. - t-shirt, shorts or sweatpants & indoor gym shoes
- Bring a water bottle
- If you have diabetes, you are required to bring your blood glucose monitor in order to monitor your blood sugars before and after exercise
- If you have answered YES to any of the questions on the PAR-Q, you will have to get clearance from your family doctor in order to attend the program

Did you know? 150 minutes of physical activity per week is the recommended amount of activity to achieve health benefits for adults.



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Date

Dear Sir or Madam,

RE: YMCA Opportunity Fund

Thank you for accepting my referral for **Client Name DOB** to the YMCA Opportunity Fund.

This letter is to confirm that **Client Names** a client of Mental Health and Addictions Services in Five Hills Health Region.

Please find attached my business card with contact information and completed YMCA Financial Assistance Application.

Please do not hesitate to contact me should you require further information.

Thank you.

Sincerely,

Name

Title

Mental Health and Addictions Services
Five Hills Health Region



Financial Assistance Application

Part A:

Applicant's Name: _____ Phone Number: _____

Membership/Program/Camp Registrant's Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____ DOB: _____

Email: _____ How did you hear about us? _____

Part B: (Please choose one of the following)

If you receive benefits or a referral from one of the organizations listed below, you will be eligible to receive the following (*Proceed to Part D*):

- ☐ A fully assisted membership for 6 months. ☐ Program of registrants choice.
☐ 1 week of Day Camp (Summer or Non-School Days). ☐ 1 week of Summer Kinder Camp

If registration is requested for a period longer than stated above, then please contact the Department Manager as listed on the cover of this brochure.

- ☐ I am currently receiving benefits from the Ministry of Social Services. Please provide a photocopy of proof of your benefits dated within the last 2 months and attach to this application form.
☐ I have been referred to the YMCA Opportunity Fund by a Representative from one of the organizations listed below. Please attach the Representatives business card dated within the last 2 months to this application form to this application form.

(Choose one, attach business card and proceed to Part D)

- | | | |
|--|---|--|
| <input type="checkbox"/> YMCA Building Assets in Youth | <input type="checkbox"/> YMCA Shared Services Program | <input type="checkbox"/> YMCA Student Parent Program |
| <input type="checkbox"/> YMCA Steps to Success | <input type="checkbox"/> YMCA Alternative to Suspension | <input type="checkbox"/> Kids First |
| <input type="checkbox"/> Mental Health and Addictions | <input type="checkbox"/> Moose Jaw Families for Change | <input type="checkbox"/> Riverside Mission |
| <input type="checkbox"/> Sask Assoc Community Living | <input type="checkbox"/> Sask Parent Mentoring Program | <input type="checkbox"/> South Sask Independent Living |
| <input type="checkbox"/> Thunder Creek Rehabilitation | <input type="checkbox"/> MJ Multicultural Council | <input type="checkbox"/> Drug Court Program |
| <input type="checkbox"/> Prairie South School Division | <input type="checkbox"/> Holy Trinity School Division | |
- ☐ None of the above applies to me (*Proceed to Part C and then Part D*)

Part C: Monthly Income (Please list all sources of family income and provide proof of income)

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Mthly Income (list) _____ \$ _____ Mthly Income (list) _____ \$ _____

Total Monthly Income: \$ _____

Monthly Expenses: (Please provide proof of expenses)

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Mthly Expense (list) _____ \$ _____ Mthly Expense (list) _____ \$ _____

Total Monthly Expense: \$ _____

Part D:

I hereby certify that the information given on this application is true, correct and complete to the best of my knowledge.

Date: _____, 201____ Signature _____

FOR OFFICE USE ONLY: Processed by: _____ (Staff Signature)

Membership Category: _____ Length: _____ Monthly Pmt Amt: \$ _____

Program: _____ Session Dates: _____ Pmt Amt: \$ _____

Camp Name: _____ Session Dates: _____ Pmt Amt: \$ _____

Do you require financial assistance?

The YMCA of Moose Jaw wants everyone to have the opportunity to take part in its programs and enjoy its facilities and services. The YMCA Opportunity Fund provides assistance to those who feel they would benefit from the YMCA, but are financially unable, not unwilling, to pay the full fees of a program, service, camp or membership.

Preapproved Applicants

If you receive benefits or a referral from an organization who is in partnership with the YMCA of Moose Jaw, then you may be eligible to automatically be approved for sponsorship through the YMCA Opportunity Fund (please refer to Part B of the Application form inside this brochure).

Potentially Approved Applicants

If you are not automatically approved for sponsorship, you may still be eligible by meeting with a Department Manager. Please complete Part C of the Application form inside this brochure, collect documentation for proof of your monthly income and expenses and contact the appropriate Department Manager to schedule your confidential interview.

Points to Remember

1. The YMCA of Moose Jaw is a charitable organization - memberships are not government funded.
2. All information provided by you will be kept confidential and we expect the same from you.
3. If your financial circumstances change it is expected that you will notify the YMCA.
4. Volunteering at the YMCA is a great way to give back to the YMCA Opportunity Fund. The YMCA of Moose Jaw hosts a variety of events and recruits committee members and instructors who work together to build healthy communities. During your interview, be sure to inquire about how you can give back to the YMCA.



YMCA of

Moose Jaw

220 Fairford St E
Moose Jaw, SK
S6H 6H2
T: (306) 692-0688

For more information, please contact:

Membership & Adult Programs

Selina Muir (selina@mjymca.ca)

Children (0-5 years) Programs & Kinder Camps

Ashley Florent (ashley@mjymca.ca)

Children (6-12 years) Programs & Day Camps

Corinne Damaskie (corinne@mjymca.ca)

Youth (13-17 years) Programs

Jenn Angus (jenn@mjymca.ca)

*Questions? We want
to hear from you...*

www.moosejawymca.ca



YMCA of
Moose Jaw
Opportunity
Fund



*Building healthy
communities*