



**BIAN MAILING ADDRESS:**  
115A – 282 Linwell Road, St. Catharines, ON L2N 6N5

**ADMINISTRATIVE OFFICE:**  
Unit #10 – 261 Martindale Road, St. Catharines, ON

[www.bianiagara.org](http://www.bianiagara.org)

## PROGRAM MEMBERSHIP FORMS

Brain Injury Association of Niagara (BIAN) is a community, not-for-profit organization committed to enhancing the lives of individuals living with brain injury and their families, through advocacy, support, education and community opportunities. BIAN views its members as valuable resources in the support of others who are living with brain injury. In becoming a member of BIAN you become connected to the broader brain injury community in Niagara. You can access information about managing your injury, including health and community resources that are available in the region and attend facilitated peer support groups in St. Catharines, Welland, and Niagara Falls. You can come to BIAN's OASIS Clubhouse where members, volunteers and staff work side-by-side to create a safe, welcoming environment for individuals living with brain injury.

BIAN has several programs. In order to access these programs members must first be members of BIAN and the provincial organization, OBIA. This dual membership is \$30.00 per year. Additional programs include generic (limited) access to the YMCA for \$30.00 per year, membership at the Clubhouse for \$30 per year and Peer Support at no cost.

***Please identify what you are interested in participating in with BIAN on the next page, and complete the following pages.***

***If you have questions, please direct them to the appropriate BIAN staff member.***

Pat Dracup	Program Director YMCA, Advocacy, Facilitated Groups	905-984-5058	<a href="mailto:pat@bianiagara.org">pat@bianiagara.org</a>
Katie Hill	Clubhouse Coordinator	905-646-2426	<a href="mailto:katie@bianiagara.org">katie@bianiagara.org</a>
Trianda Birmingham	Membership Coordinator Peer Support	289-697-2976	<a href="mailto:trianda@bianiagara.org">trianda@bianiagara.org</a>
Judy Calvin	Office Manager	905-646-2426	<a href="mailto:judy@bianiagara.org">judy@bianiagara.org</a>

***Send the completed forms and cheque to BIAN's mailing address:***

115A – 282 Linwell Road, St. Catharines, ON L2N 6N5



# BIAN AND OBIA MEMBERSHIP INFORMATION

*Please complete the following information*

Today's Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Member's Phone \_\_\_\_\_ Cell Number: \_\_\_\_\_

Member E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Emergency Contact's Phone \_\_\_\_\_ Cell Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Relationship to Member \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Family Physician Name & Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any medical conditions that could arise while participating in BIAN activities (e.g., seizure disorder, diabetes, cardiac problems)? If so, please describe: \_\_\_\_\_

Do you have any allergies or sensitivities that need to be managed while participating in BIAN activities? \_\_\_\_\_

Please provide a brief description of how the member sustained the brain injury and the approximate date. \_\_\_\_\_

Program	Options	Cost	Please Check	Staff ONLY
B.I.A.N. / O.B.I.A Dual Membership	Mandatory	\$30.00 per year*	<input type="checkbox"/>	<input type="checkbox"/>
B.I.A.N.'s Oasis Clubhouse	Optional	\$30.00 per year	<input type="checkbox"/>	<input type="checkbox"/>
YMCA Membership	Optional	\$30.00 per year	<input type="checkbox"/>	<input type="checkbox"/>
Peer Mentoring	Optional	No cost	<input type="checkbox"/>	<input type="checkbox"/>
Facilitated Groups	Optional	No cost	<input type="checkbox"/>	<input type="checkbox"/>

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

# YMCA MEMBERSHIP

For individuals who have sustained an Acquired Brain Injury residing in Grimsby, Niagara Falls, Niagara on the Lake, St. Catharines, Thorold, Lincoln, West Lincoln, Pt. Colborne, Wainfleet, Welland, Pelham.

If you reside in Fort Erie, Stevensville, Ridgeway or Crystal Beach contact Pat Dracup directly at 905-984-5058 regarding YMCA Membership.

Brain Injury Association of Niagara offers members generic access for YMCA. In order to be considered eligible to access the YMCA, under the umbrella of BIAN, we need three things from you:

1. Being a current BIAN member with continued residence in the Niagara region.
2. Professional Certification (Signed by one of the designated Professionals) confirming you are living with a brain injury and indicating the amount of support you require while attending the YMCA.
3. Consent to communicate with the YMCA so that your participation is safe and follows the rules. The rules regarding this YMCA membership are posted on the BIAN website **www.bianiagara.org**

## AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

*I hereby consent to communication between St. Catharines Walker Family YMCA, Grimsby YMCA, the Niagara Centre (Welland) YMCA, Pt. Colborne YMCA and/or the Niagara Falls YMCA AND The Brain Injury Association of Niagara*

*Communication between representatives of these organizations may include disclosure, transmittal, and/or examination of my medical or health-related information, discussions about my behaviour, and /or safety concerns. I allow BIAN to advocate and/or speak on my behalf to the YMCA should problems or situations arise that may require resolution.*

Signed by: \_\_\_\_\_ (participant/client or POA)

Signature of Witness: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## PROFESSIONAL CERTIFICATION FOR YMCA MEMBERSHIP

Re: \_\_\_\_\_ (Name of Patient/Client)

**This CERTIFICATION to be completed by one of the following Professionals:**

Family Doctor (GP); Psychologist; Psychiatrist; Kinesiologist; Occupational Therapist; Professional Nurses; Speech and Language Therapist, Physiotherapist or Naturopath as follows:

I, \_\_\_\_\_  
(Profession) \_\_\_\_\_ Phone Number \_\_\_\_\_

And Certify that \_\_\_\_\_ (Patient/Client's Name)  
Is living with the effects of an Acquired Brain Injury. It is appropriate for him/her to access the following YMCA facilities: (Please check and indicate any additional comments as necessary)

☐ Pool ☐ Exercise Equipment ☐ Walking Track

In order to participate at the YMCA, he/she requires a support person as follows:

☐ Always ☐ On an Occasional Basis ☐ Never

Please note: \*\*If a support person is required, an ADULT family member, or support worker will need to be arranged by the member, as BIAN does NOT provide this service\*\*

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

## Authorization by Client

I, \_\_\_\_\_ have read the above certification and I consent to the release of this form and any information that one of the abovementioned professionals attaches to it, to BIAN and the YMCA for use in accessing my eligibility to use the YMCA's services. I have also read the terms and conditions posted on the website.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **B.I.A.N.'S OASIS MEMBERSHIP**

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A Clubhouse is a community centre for people living with the effects of an Acquired Brain Injury. It offers a welcoming space that focuses on strengths and abilities, rather than limitations.

A safe environment is created for individuals to use their skills and talents, or to learn new skills in a non-judgmental environment. It offers a place for individuals to build confidence and help lead productive, meaningful lives.

At the Clubhouse, members, staff, and volunteers all work side-by-side as equals, helping each other out. We will follow a work-ordered day which mimics the traditional work day, to fulfill the day-to-day operational needs of the Clubhouse. We make food together, take care of the Clubhouse, have fun, and hang out.

If you have indicated that you are interested in being a member of the Clubhouse, you will be contacted by Katie Hill, Clubhouse Co-ordinator to complete the intake process.

☐ *Yes, I am interested in the Clubhouse.*

## **PEER SUPPORT**

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A Mentor is a 'knowledgeable' friend. A Mentor can be a survivor, caregiver, spouse, child and/or sibling. A Mentor is a person who has experience, experience that can help a Partner through the 'things' they are going through. A Mentor does not take the place of a Psychologist or other Allied Health Care Professionals but is a person who helps a Partner feel less alone in a time when support is greatly needed.

A Partner is as equally important as a Mentor. A Partner can be a survivor, caregiver, spouse, child and/or sibling. A Partner is a person who is new to the world of Acquired Brain Injury. It is a great opportunity to learn from someone "who has been there."

The roles of the Mentor and Partner take place from the comfort of one's home. Support can be given over the phone or email. All Mentors and Partners are screened. The Mentor must complete a day of training, a police clearance and commit to a minimum of seven months. Mentors and Partners are matched based on individual preference and done as quickly as possible so the support can begin.

If you have indicated you are interested in participating in the Peer Mentor Program, you will be contacted by Trianda Birmingham, to complete the intake process.

☐ *Yes, I am interested in the Peer Mentor Program.*

## **FACILITATED GROUPS**

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Friends Helping Friends — St. Catharines; Welland and Niagara Falls  
Young Adult Acquired Brain Injury Group  
Moving Ahead with Brain Injury Group  
Women's Group

☐ *Yes, I am interested in the Facilitated Groups.*

# **BIAN's OASIS MEMBERSHIP**

A Clubhouse is a community centre for people living with the effects of an Acquired Brain Injury. It offers a welcoming space that focuses on strengths and abilities, rather than limitations.

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At the Clubhouse, members, staff, and volunteers all work side-by-side as equals, helping each other out. We will follow a work-ordered day which mimics the traditional work day, to fulfill the day-to-day operational needs of the Clubhouse. We make food together, take care of the Clubhouse, have fun, and hang out.

☐ Yes, I am interested in the Clubhouse.

## **Facilitated Groups**

Friends Helping Friends – St. Catharines; Welland and Niagara Falls

Young Adult Acquired Brain Injury Group

Moving Ahead with Brain Injury Group

Women's Group

## **PEER Support**

A Mentor is a 'knowledgeable' friend. A Mentor can be a survivor, caregiver, spouse, child over 18 and/or sibling. A Mentor is a person who has experience, experience that can help a Partner through the 'things' they are going through. A Mentor does not take the place of a Psychologist or other Allied Health Care Professionals, but is a person who helps a Partner feel less alone in a time when support is greatly needed.

A Partner is as equally important as a Mentor. A Partner can be a survivor, caregiver, spouse, child over 18 and/or sibling. A Partner is a person who is new to the world of Acquired Brain Injury. It is a great opportunity to learn from someone "who has been there".

The Roles of the mentor and Partner take place from the comfort of one's home. Support can be given over the phone or email. All Mentors and Partners are screened. The mentor must complete a day of training, a police clearance and commit to a minimum of seven months. Mentors and Partners are matched based on individual preference and done as quickly as possible so the support can begin.

If you have indicated you are interested in participating in the Peer Support Program, you will be contacted by Trianda Birmingham, to complete the intake process.

☐ Yes, I am Interested in the Peer Support Program.

**The Ontario Brain Injury Association  
&  
Brain Injury Association of Niagara**

**PROGRAM HIGHLIGHTS**

- Membership in both the Ontario Brain Injury Association (OBIA) and the Brain Injury Association of Niagara (BIAN). Individual members shall be entitled to one vote at both BIAN and OBIA's Annual General Meeting. Family members shall be entitled to no more than two at both BIAN and OBIA's Annual General Meeting.
- Membership in Community Support Network/Reseau De Soutien Communautaire (CSN/RSC) is available to individuals and families who support the aims and objectives of participating community associations and OBIA. Corporations, associations, partnerships or other types of organizations are welcome to support participating community associations and OBIA by listing or advertising in the online ABI Directory of Services, but may not hold CSN/RSC membership.
- Members will receive a one-year subscription to OBIA newsletter and BIAN's newsletter.
- Members will have free access to OBIA's resource library and be eligible for a \$25.00 discount on most of OBIA's training programs.

**OBIA & BIAN Dual Membership Application Form**

Name \_\_\_\_\_ (Name of Survivor)

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email \_\_\_\_\_

I understand that I will hold membership to both Ontario Brain Injury Association and the Brain Injury Association of Niagara.

Signature: \_\_\_\_\_

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

Annual Membership Fees

X Subsidized \$5