



## **Headway Program**

### **Headway Program (CENTRE)**

**The headway centre is a unique experience for people living with an acquired brain injury. The centre offers two programs to choose from depending on your interest, needs and goals. The first program is the Headway departments involving work order days and the second is a Drop-in program offering various scheduled and unscheduled activities to enjoy.**

#### **What is the Headway Program? (DEPARTMENTS)**

##### **What is the Headway Program?**

Headway is a place for people with acquired brain injuries to gain confidence and skills necessary to reach their personal goals. Members of the centre volunteer side by side with staff, using their abilities and strengths to complete the duties and tasks of the centre, as well as develop and maintain friendships and participate in social, recreational, and leisure drop-in activities.

Members participate in daily decisions and operations of the program such as preparing meals, answering telephone calls, arranging tours, developing programs, writing newsletters, cleaning the centre and the list goes on. The Headway Centre is a member driven program that promotes teamwork, skills development, independence and self-confidence. As members become more proficient in performing their assigned tasks and duties, they will ultimately be better prepared to use those skills in an employable position.

When the members complete their tasks for the day or wish to take a break or stop for the day they can participate in drop-in programs or sign up for scheduled activities in the community.

##### **When does it operate?**

The Headway program operates from 11 am to 5 pm Monday to Friday. Structured drop-in activities run from 1-4pm.

##### **What does the Headway Program offer?**

Members may participate in running their Headway Centre by volunteering in any of these departments:

- Maintenance Department
- Communications Department
- Membership Department
- Community and Program Planning Department

- Prevention Outreach Department
- Kitchen Department
- Employment Department (Coming soon)

**What are some of the Department duties?**

<b>Department &amp; Description</b>	<b>Duties</b>
<p style="text-align: center;"><b>-1-</b> <b>Maintenance Department</b></p> <p>This group is responsible for the upkeep of the Headway Centre</p>	<ul style="list-style-type: none"> <li>• Cleaning</li> <li>• Vacuuming/floors</li> <li>• Painting</li> <li>• Garbage &amp; recycling</li> <li>• Cleaning the fridge</li> <li>• Cleaning windows</li> <li>• Dusting</li> <li>• In charge of CLP &amp; Headway pick ups</li> </ul>
<p style="text-align: center;"><b>-2-</b> <b>Communications Department</b></p> <p>A) Responsible for the maintenance of promotional material.</p>	<ul style="list-style-type: none"> <li>• Handouts</li> <li>• Flyers</li> <li>• Newsletters</li> <li>• Brochures</li> <li>• Meeting minutes</li> <li>• Memos</li> <li>• Data entry</li> <li>• Admin work</li> <li>• Monthly calendar</li> <li>• Letters needed for Headway functions</li> <li>• Updating visuals inside Headway (bulletin board)</li> <li>• Planning and preparation for materials</li> </ul>
<p>B) Is aimed to improve members overall skills on computers and the internet.</p>	<ul style="list-style-type: none"> <li>• Software applications (Word)</li> <li>• Accessing the internet</li> <li>• Setting up email/sending email</li> <li>• How to do research</li> <li>• Microsoft Word and Excel</li> </ul>
<p style="text-align: center;"><b>-3-</b> <b>Membership Department</b> the “Welcoming committee” at the Headway Centre</p>	<ul style="list-style-type: none"> <li>• Mail outs</li> <li>• Monthly rec flyers</li> <li>• Giving tours</li> <li>• Maintaining contact with new members</li> <li>• Answering calls/reception</li> </ul>

	<ul style="list-style-type: none"> <li>• Weekly meetings</li> <li>• Reach-out calls to members</li> <li>• Celebrate all of the members birthdays for the month</li> <li>• A buddy system is set up</li> <li>• Help with the monthly calendar</li> <li>• Goal planning</li> <li>• Record keeping</li> <li>• Tabulating attendance</li> </ul>
<p style="text-align: center;"><b>-4- Community and Program Planning Department</b></p> <p>A) Responsible for planning community outings or events that are separate from the CLP program activity</p>	<ul style="list-style-type: none"> <li>• Community outings</li> <li>• Community events</li> <li>• Community fundraising initiatives</li> <li>• Monthly Birthday parties</li> <li>• Plan excursions &amp; trips</li> <li>• Holiday events (x-mas)</li> </ul>
<p>B) Integrating members into the community and enhancing their quality of life. It is important for member who would otherwise not be able to access the community on their own.</p>	<ul style="list-style-type: none"> <li>• group tours museums</li> <li>• corporate businesses</li> <li>• art galleries</li> <li>• book stores</li> <li>• courts</li> <li>• science laboratories</li> <li>• libraries</li> <li>• educational facilities</li> <li>• Attend cultural events.</li> <li>• Excursions &amp; trips</li> </ul>
<p style="text-align: center;"><b>-5- Prevention Outreach Department</b></p> <p>Establishes relationships with local school boards and health resources to promote awareness of ABI. Member can share personal stories and experiences</p>	<ul style="list-style-type: none"> <li>• Works with GF Strong</li> <li>• Speak to elementary schools</li> <li>• Target ages that will be receiving drivers licenses</li> <li>• Educating the public</li> <li>• Participating in various health fairs.</li> <li>• Assisting members with housing or financial issues</li> <li>• Hospitals &amp; clinics</li> <li>• Homeless shelters</li> </ul>
<p style="text-align: center;"><b>-6- Kitchen Department</b></p> <p>This department is responsible for the shopping, preparation, and clean up of healthy lunches and dinners</p>	<ul style="list-style-type: none"> <li>• Food inventory and creating shopping lists</li> <li>• Grocery shopping</li> <li>• Lunch and dinner set up and clean up</li> <li>• Meal preparation</li> </ul>

### **Drop in activities are available?**

The following drop-in activities are available anytime of the day:

- Hockey Table, Foosball, Darts
  - Card and Board Games
  - Bingo, Music
  - Lunch, Hanging Out, Coffee Chat
  - Crafts, Beading
  - Library, watching TV
  - Computers
- The following regularly scheduled activities will be provided from 1-4pm Monday-Friday, check the calendar for days and times
    - Movie Night
    - Tai chi
    - Activity club
    - Fitness and Swim Program
    - Bowling
  - Special events will be organized once a month by the Community and Program Planning Department

### **How Can I Join the Headway Program?**

Headway Members must meet these criteria:

- Members must have experienced a brain injury and be between the ages of 19 and 64 inclusive.
- Members must be able to get to and from the Headway Centre independently or with support of a care provider.
- Members requiring any personal assistance must be accompanied by their own attendant.
- Members without attendants must be able to manage their own medications, and self care needs.
- Members must not behave disruptively or pose a health or safety risk to the members and staff.

### **Do I need a membership to join the Headway Programs?**

- Yes, membership is mandatory
- All members must complete a membership form and meet criteria to access programs independently
- Membership entitles an individual to participate in Headway programs
- Members are automatically entitled to receive the newsletters and email distributions
- Members receive an annual membership card which must be shown at each visit to the Headway Centre

### **What is the cost to become a member?**

- Individuals- \$12.00 per year
- Membership cost is prorated for the year (April-April)
- Financial assistance is available upon request

## General Transit Information

The Vancouver Headway Centre is located at Suite 320 1600 West 6th Avenue near the intersection of Granville and Broadway.

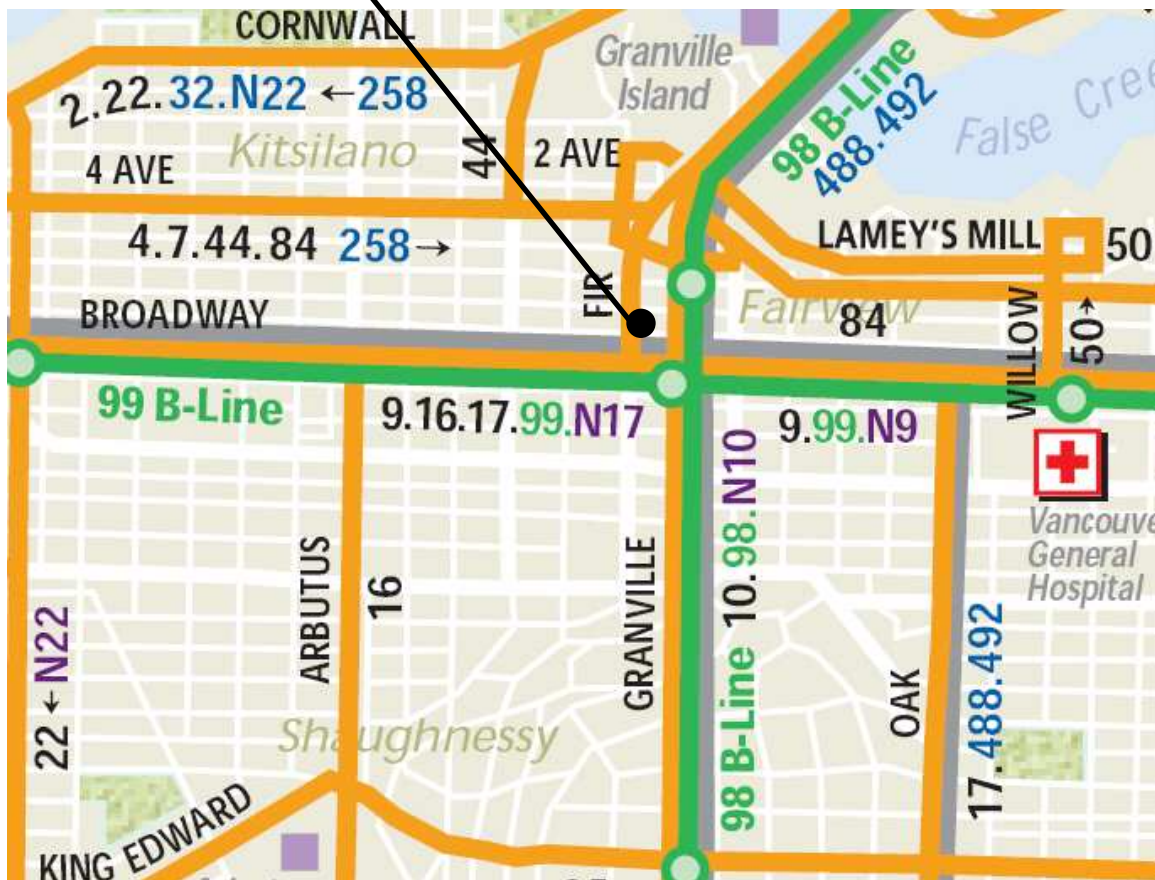
Local transit connections are shown on the map below:



From Broadway Skytrain Station take the #99 B-Line Westward to Granville Street

From Lansdowne Mall in Richmond take the Canada Line Skytrain, platform "Canada Line to Waterfront". Exit at the Broadway-city hall stop. Take the #99 B-Line Westbound on Broadway at Cambie street to Granville.

From Waterfront Station and the Vancouver SeaBus Terminal take the #50 False Creek South Westbound on Cordova at Seymour. Exit at Cloverleaf at Granville Street.



To plan your personal transit route please visit  
[www.translink.bc.ca](http://www.translink.bc.ca)

or

Contact Transit Customer Information at (604) 953-3333  
Between 6:30 am and 11:30 pm 7 days a week

## Contact Information

VANCOUVER HEADWAY CENTRE  
Lucy Kelly Program Manager  
#203 - 218 Blue Mountain Street  
Coquitlam, BC  
V3K 4H2  
Phone: 778.373.2060  
Fax: 604.936.9003  
Cell: 604.788.4821  
E-mail: [lucy@howesound.net](mailto:lucy@howesound.net)

VANCOUVER HEADWAY CENTRE  
Leah Penttila Program Coordinator  
320-1600 West 6<sup>th</sup> Ave.  
Vancouver, BC  
V6J 1R3  
Phone: 604-732-4446  
Fax: 604-732-4474  
Email: [clubhouse2@howesound.net](mailto:clubhouse2@howesound.net)

HOWE SOUND REHABILITATION SERVICES SOCIETY  
HEAD OFFICE  
#203 - 218 Blue Mountain Street  
Coquitlam, BC  
V3K 4H2  
Phone: 604.936.9944  
Fax: 604.936.9003  
E-mail: [info@howesound.net](mailto:info@howesound.net)  
Website: [www.howesound.net](http://www.howesound.net)



**HOWE SOUND**  
REHABILITATION SERVICES SOCIETY

## **HEADWAY CENTRE MEMBERSHIP FORM**

(Detach The Following Pages and Return to Headway Coordinator)

### **MEMBERSHIP CRITERIA**

**Please check the following that apply:**

- Yes  No I have experienced a brain injury
- Yes  No I am at least 19 years of age and no more than 64 years of age
- Yes  No I am able to get to and from the Headway Centre independently
- Yes  No I am able to manage my own self care needs and do not require attendant care
- Yes  No I will not behave disruptively or pose a health and safety threat to other people

**If you answered "No" to any of these questions answer the question below**

- Yes  No I will be accompanied by my own attendant who will assist me to manage my self care and/or behavioural needs



**PERSONAL SUPPORT NETWORK/EMERGENCY CONTACTS:**

MEMBER CURRENTLY LIVES WITH:

MOTHER    FATHER    CAREGIVER    SELF    GROUP HOME    OTHER

CONTACT NAME #1: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME #2: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**EDUCATION:**

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: \_\_\_\_\_

LEVEL ATTAINED: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

**EMPLOYMENT:**

NAME OF LAST EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

**MEDICAL INFORMATION:**

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

DOES THE MEMBER...

Yes  No TAKE PRESCRIPTION MEDICATION  
If yes, please provide a list

Yes  No HAVE A MEDICAL CONDITION

ALLERGIES  
If yes, to what, \_\_\_\_\_

SEIZURES:  
If yes, when was your last episode \_\_\_\_\_  
If yes, does 911 have to be call immediately  Yes  No

DIABETES

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ARE THERE ANY BEHAVIORAL ISSUES OR OTHER CONCERNS THAT WE SHOULD BE AWARE OF?

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WHAT ARE THE MEMBERS INTERESTS AND/OR HOBBIES?

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Signature of Member

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Date



## HEADWAY CENTRE

### HEADWAY AGREEMENT

#### Please Read the Following Information

Howe Sound Rehabilitation Services Society operates a variety of programs for adults with acquired brain injuries ("Members"). The Headway Centre is committed to operating its programs in as safe a manner as possible. However, as a member, caregiver, or guardian, you should consider the potential risks inherent in Headway Centre programs, activities and events.

The Headway Program provides programming and scheduled activities for Members that are supervised by facilitators and volunteers. The level of supervision varies according to the nature of the activity. **The Headway Program is not able to monitor the arrival or departure of Members and cannot be responsible for Members before they arrive at the center or after they leave the center premises.**

Activities outside the Headway Centre that are not programmed by Headway facilitators are, of course, not supervised. Caregivers/guardians and Members must also remember the importance of the Members' close adherence to Headway rules, rights and responsibilities and any safety precautions detailed by facilitators while participating in programs and activities.

The Headway Program encourages Members independence and decision-making. While at the center, Members may freely choose to participate in programs and activities. Every effort will be made to keep program and activities financially accessible.

#### HEADWAY DEPARTMENTS

- Maintenance Department
- Communications Department
- Membership Department
- Community Planning Department
- Prevention Outreach Department
- Employment Department
- Kitchen Department

#### DROP-IN ACTIVITIES & SCHEDULED EVENTS

- Hockey Table, Foosball, Darts
- Card & Board Games, Bingo
- Lunch, Hanging Out, Coffee Chat
- Computers, Music
- Crafts, Beading
- Library
- Movie Night
- Cooking
- Activity Club
- Bowling



## **RULES**

I understand that there are rules that must be followed and I must use my best efforts to participate in programs in a safe, fair, responsible manner and respect the rights and property of other members and the facilitators at the center. I have been informed of these rules and understand that breach of the rules may result in remedial action including limits on my participation in program activities or being sent home.

## **PUBLICITY**

I hereby give permission for Howe Sound Rehabilitation Service Society to use photographs and/or video of me for publicity purposes connected with the promotion of the Headway Program and the Society.

_____	_____	_____	_____
Print Name	Signature	Date	Witness

## **PRIVACY STATEMENT**

Howe Sound Rehabilitation Services Society respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to respecting your privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide services/programs and to keep you informed and up to date with all activities. If at any time you wish to be removed from any of these types of communication, or receive a full copy of the Howe Sound Rehabilitation Services Society Privacy Statement, simply notify our Human Resources and Labour Relations Manager by phone, 604-936-9944 or via email [info@howesound.net](mailto:info@howesound.net) and we will gladly accommodate your request.

## **RESPONSIBILITIES OF HEADWAY MEMBERS**

In order to have fun and help other members enjoy the Headway programs, I as a member promise to follow these rules and agree to behave in a socially acceptable manner.

- ◇ It is my RESPONSIBILITY to not drink or use drugs in the center, on surrounding grounds, or prior to or during sponsored programs or events.
- ◇ It is my RESPONSIBILITY not to use abusive language or physical violence towards other members or staff.
- ◇ It is my RESPONSIBILITY to treat others in an appropriate and respectful manner.
- ◇ It is my RESPONSIBILITY not to bring my pet to the center as other members might not be comfortable around animals.
- ◇ It is my RESPONSIBILITY to be financially responsible for any damages suffered by other participants, staff, volunteers, and Howe Sound, whether it be bodily or property, that result from my actions.

## CONSENT & RELEASE OF LIABILITY

### INHERENT RISKS

Each Headway activity carries inherent risks for Members. These risks may include, but are not limited to, contact during sports (with another person, equipment or property), group separation, slips, falls, minor burns, transportation accidents, and other incidents. Inherent risks may lead to injury or illness including, but not limited to, minor injuries, illnesses, bodily injury, burns, insect bites, head and back injury or death.

### CONSENT / ASSUMPTION OF RISKS

I have read the description of programs and inherent risks and will participate in the activities of the Headway program. I accept that there are inherent risks involved in these activities and agree to accept those risks. I have sought and received explanations from the Headway program of any risks I do not understand.

### WAIVER / RELEASE FROM LIABILITY

In consideration of the Headway Programs accepting my membership and permitting me to enjoy the facility and activities of the centre, I agree that the centre and/or its employees, volunteers, directors or agents shall not be held liable for any injuries or damages which may arise out of the course of normal Headway activities, including accident and inadvertence.

I \_\_\_\_\_ am aware of the risks associated with the programs and activities offered by the Headway program and do hereby give consent and agree to the terms above.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

# Headway Centre Membership Receipt

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

Name of Member: \_\_\_\_\_

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

Number of Months until April: \_\_\_\_\_

At the rate of \$\_\_\_\_\_ per month, your cost totals: \$\_\_\_\_\_

Payment Form: Cash Only

Received By: \_\_\_\_\_

**Thank you for becoming a Member of the Headway Centre!**