

ACE Membership Checklist

- √ Am I living with a diagnosed mental health issue, and/or an addiction/substance use disorder?
- √ Am I receiving services from a doctor, nurse practitioner or a Northern Health Mental Health and Addictions Specialty Services Team (Primary Care Interprofessional Team 1-5,COAST, CAST, ACT, ICM, DDMH, or ABIP)?

If <u>yes</u>, I need to have a referral form from my care team (any of the persons mentioned above).

If <u>no.</u> I need to make an appointment to be assessed to see if I qualify for services. Contact a Primary Care Inter-professional Team (2nd Floor, Northern Interior Health Unit @ 1444 Edmonton Street) Monday-Friday 8:00am – 4:00 pm.

- $\sqrt{}$ ACE membership form filled out and signed.
- $\sqrt{}$ Referral form filled out and returned.

Memberships are from April 1 to March 31 of the following year

