

ERGON inc LIFE CENTRE

Phone: (506) 857-0014 Fax: 1 (888) 757-3597

Welcome to the M.I.N.D. Program

Moving In New Directions at Ergon Life Centre

If life feels heavy, you're not alone — and we're so glad you found us.

The MIND Program is a free, welcoming space for adults (19+) living with negative mental health such as stress, anxiety, depression, burnout, or isolation. No diagnosis is required — just a desire for support and connection.

What We Offer

- Creative & wellness-based activities
 (art, games, diamond painting, gardening, and more)
- Life skills & mental health workshops (confidence, boundaries, coping skills, self-care)
- Optional 1-on-1 support check-ins
- A supportive community where you can connect with others who "get it"

How to Join

- 1. Fill out a Self-Referral Form
 - Tell us what you're going through and what support might help.
 - It doesn't need to be perfect just honest.
 - Need help? We'll walk you through it.

2. Return Your Form

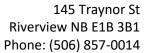
- o In Person: 145 Traynor St, Riverview (inside Ergon Thrift)
- Email: hello@ergoninc.ca | cory@ergoninc.ca
- o Fax: 1-888-757-3597

3. What Happens Next

- We'll review your form
- If it's a fit, we'll call to book a short intake (about 30 minutes)
- You'll get a tour, meet the team, and explore what feels right for you

Location & Contact

506-857-0014 hello@ergoninc.ca 145 Traynor St, Riverview, NB (inside Ergon Thrift)



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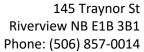
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M.I.N.D Self-Referral Form

Please complete this 2 page form, sign and return by using one of the options on the welcome page.

YOUR INFORMATION

Name:	
Phone:	Is it ok to leave a message? Y/N
Email:	Is it okay to email you here? Y/N
Which communication method do you pre	efer we use? Phone 🗆 Email 🗆
Address:	
Date of birth:	
Identifying Gender:	
Language(s) spoken and written: □ English	n 🗆 French 🗆 Other
Highest level of education:	
If your residence is a special care home, p	lease provide the name of the home:
Other supports (support worker, clinician,	, etc):
MEDICA	AL INFORMATION
Current negative mental health experienc	es and/or diagnosis:
History of mental health:	





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Changes in Mental Health (Signs things may be getting harder — e.g., withdrawing from others	
changes in sleep or appetite, feeling overwhelm	ned, trouble focusing):
OTHER INF	ORMATION
Is there any information that you haven't share	d that you feel is important for us to
•	•
know?	
Tell us a little about yourself, how would people	e describe you to a new person:
Your Signature	Date:

Thank you for filling out the Self-Referral form for our M.I.N.D Program. Once we have reviewed your submission, we will be in contact with you.

Any questions or inquiries you can contact us at 506-857-0014.