Place of Refuge
A SECOND CHANCE
SOUTH VANCOUVER
British Columbia

Application for Place of Refuge Housing Program

INTERVIEWER NAME: _____ *******DATE:** _____
yyyy mmm dd

Applicant Data

Applicant Name_____ Age_____ D.O.B_____ _____ _____
MMM DD YYYY

Applicants must:

- Have a demonstrated commitment to recovery for at least three months (or as assessed by staff)
- Be motivated and ready to implement a personal recovery plan with monthly reviews that includes a:
  - ✓ concrete and detailed action plan for employment or education that you will implement while in the structured Transition housing program
  - ✓ recovery maintenance and relapse prevention plan;
  - ✓ financial management plan
  - ✓ social and leisure time action plan
  - ✓ plan to address your prioritized recovery needs
  - ✓ desire to live in a Christian based residential program
- Have a demonstrated commitment to abstinence
- Be stable enough to self-organize successfully in the routines of healthy daily living

How do you apply to access the Place of Refuge Transition Housing Program?

- **Substance use and mental health professionals can refer you to the program**
- **Self-referrals are also welcome**
- **Complete the application form on the next page**
- **Contact Jeff Borden at the Place of Refuge Housing Program Admissions Office at 604-225-8553**
- **Email: jeffcborden@placeofrefuge.ca**

Admissions
Jeff C. Borden – Executive Director
Phone: 604-225-8553
Toll Free Fax: (866) 528-8184
Email: jcborden@placeofrefuge.ca

Application for Place of Refuge Housing Program

INTERVIEWER NAME: _____ *******DATE:** _____
yyyy mmm dd

Applicant Data

Applicant Name_____ Age_____ D.O.B_____ _____ _____
MMM DD YYYY

PHN: _____ S.I.N_____ Tel:_____

Length of abstinence as of today: _____ or Clean Date:_____

Are you an IV drug user? Yes ☐ No ☐

Current Program or Address where you are now:_____

A&D Counsellor or Case Worker: _____ Tel: _____

How did applicant hear about Place of Refuge Housing Program? _____

Marital Status: ☐ Single ☐ Common Law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Employment Status: ☐ Unemployed ☐ Employed ☐ Not in the Labour Force ☐ Student ☐ Retired

Education: ☐ University Degree ☐ College/Diploma ☐ Grade 9-12 ☐ Grade 1-8 ☐ Trades Training

Substance Use History

Substance used	Route of Administration	Age first used	How long substance used?	Is it the Primary Drug of Choice?
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Health

Diagnosed Physical Health Conditions

☐Heart Disease ☐Diabetes ☐Back Injury ☐Pain Management Issue ☐ HEP C ☐HIV+ ☐AIDS
☐ Food Allergies for
☐ Medication Allergies for ☐ Upcoming surgeries for

Is there a physical health problem you are most concerned about right now?

CURRENT MEDICATIONS			
Medication Name	**Dosage**	**How long have you been taking this medication?**	**Administration times per day**

I am taking these medications regularly Yes ☐ No ☐ If not, why not?

Diagnosed Mental Health Conditions

Diagnosis	At what age:	Psychiatrist ☐ Family Doctor ☐ Other ☐
Diagnosis	At what age:	Psychiatrist ☐ Family Doctor ☐ Other ☐
Diagnosis	At what age:	Psychiatrist ☐ Family Doctor ☐ Other ☐

CURRENT MEDICATIONS			
Medication Name	**Dosage**	**How long have you been taking this medication?**	**Administration times per day**

I am taking these medications regularly Yes ☐ No ☐ If not, why not?

Health – Suicide Risk

Have you ever felt suicidal**?** Yes ☐ No ☐ how recently?

Have you ever made an attempt**?** Yes ☐ No ☐ how recently? By what method?

Where you hospitalized**?** Yes ☐ No ☐ How long was your stay in hospital?

Were you seen by a psychiatrist while you were in hospital**?** Yes ☐ No ☐ Name:

Medical Contacts

Medical Contact	**Name**	**Telephone**
Physician		
Specialist		
Psychiatrist		
Case Manager		

Other		

Treatment History			
Dates of Treatment	**Type: Detox, Support Recovery, Outpatient (OP), 28 day Treatment Program**	**Facility Name**	**Completed or incomplete (If incomplete, why?)**

Clean Time History (Other Periods of Abstinence)		
From	**To**	**What happened that started your substance use again?**

Recovery Action Planning

What plans have you made to support your recovery in the Transition Housing Program?
(Do you have a sponsor, a home group? How many meetings will you attend per week? Are you currently working through the 12 steps? Which step are you working on now? Are you willing to participate in individual and group counselling? List the names of people (and your relationship with them) who would be willing to support you in your recovery:

Do you have a home group? _____ Do you have a sponsor? _____

How many meetings do you attend per week? _____

Do you have an outpatient drug and alcohol counselor that you are seeing regularly?

Are you currently working through the 12 steps? Yes ☐ No ☐ Which Step _____

List the names of clean and sober people who are willing to support you in your recovery plan?

Names	**Relationship to you**
_____	_____
_____	_____
_____	_____
_____	_____

In order of importance to you, make a list of your needs that you feel you need to prioritize in order to enjoy a healthy recovery-based lifestyle.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Relapse Prevention Action Planning

The Place of Refuge Housing program has a special focus on relapse prevention skills. Relapse can be defined as a return to former self-defeating thoughts, feelings and behaviors which can result in a return to substance misuse. Developing a relapse prevention action plan will help you firm up your personal commitment to a clean and sober lifestyle and can serve as a starting point to measure your progress in the process of recovery. Putting your plan into action can be a vital factor in reducing the risk of relapse. Please describe your relapse prevention plan:

What are your high risk situations?

What are your plans to manage each of your personal high risk situations?

How do you plan to cope with stress that comes with new challenges and changes in lifestyle?

Who are the key clean and sober people you have chosen to support you in your relapse prevention planning? What instructions have you given them about their roles as key supports in your relapse prevention planning?

Criminal Justice Involvement History

Do you have a criminal record? Yes ☐ No ☐

What are your previous charges?

Charged with:	**When**

Are you facing any current charges? Yes ☐ No ☐ What are the charges?

Are you on probation currently? Yes ☐ No ☐ Are you on parole currently? Yes ☐ No ☐
If yes, what are the conditions of your order?

Do you have upcoming court dates? Yes ☐ No ☐ Date:

Probation/Parole Officer Name:	Contact Number:

Employment Action Planning	
How long have you been employed?	How long have you been unemployed For how long? 1 to 6 months ☐ 7 to 12 months ☐ 13 to 24 months ☐ more than 2 years ☐
What kind of work do you do?	
What kind of work would you like to do?	
Do you need help with education, skills or training to find and keep employment? Yes ☐ No ☐	
What are the main employment action plan goals you want to accomplish?	
What steps do you plan to take to reach these goals?	

Education Action Planning
What are the main educational action plan goals you want to accomplish?
What education, skills and/or training do you need?
What steps do you plan to take to reach these goals?
Who are the key support people who can help you with your educational action plan?

Health and Physical Fitness Action Planning
What needs have you identified in the area of health and physical fitness?
What goals would you like to set for yourself in this area?
What steps do you plan to take to meet these goals?

Healthy Social Life/Leisure Planning
What do you like to do in your free time?
What social and leisure or recreational activities do you plan to participate in?
What steps do you plan to take to meet these goals?

Healthy Life/Work Balance Planning

What is your plan to achieve a healthy balance between work and education and your personal life goals?

What steps do you need to take to achieve a balance that's right for you?

What are the key parts of your stress management plan?

Sources of Income

Type	Amount per month	Comments
Employment	**$**	
Employment Insurance	**$**	
Employer (Union, EAP)	**$**	
Income Assistance (Basic)	**$**	
Income Assistance (PWD)	**$**	
Income Assistance (PPMB)	**$**	
Self-pay	**$**	
CPP ☐ Other Pension ☐	**$**	
Other	**$**	

Family and Friends Action Planning

Are family and friends supportive? Yes ☐ No ☐

Do you have a significant other who is supportive of your recovery? Yes ☐ No ☐

Do you have children? Yes ☐ No ☐ Are you hoping to reunite with your family? Yes ☐ No ☐

How do you plan to improve your social network for your recovery?

Hopes and Dreams

What are your hopes and dreams that you would like to achieve while in the Transition housing program?

_____ _____ _____

Name of Applicant (please print) Signature mmddyyyy

☐ Approved for Place of Refuge Housing Program Date: _____

☐ Not Approved Comments: _____