

Substance Use History

Part A

Do you have a substance abuse issue and/or addiction? Yes No

Have you had a recent ADAT assessment completed? Yes No

If yes, please attach to this application.

What drugs (including alcohol) have you used in the last 12 months:

How has alcohol/drug use affected your life?

How often do you use alcohol/ non-beverage alcohol?

How often do you use other drugs?

Part B

Have you ever/are you currently participating in an addiction treatment program? Please describe (when, where, length, completed program?)

Which of the following describes your opinion of your alcohol/drug use?

- I am ok with my substance use and plan to continue using
- I am not ok with my substance use and plan to continue using
- I am not ok with my substance use and am considering changing my use
- I am planning to change my substance use
- I have changed my substance use

Health

Do you experience any...

Physical health concerns? Yes No

If yes, please list your physical health diagnoses/concerns: _____

Mental health concerns? Yes No

If yes, please list your mental health diagnoses/concerns: _____

Current medications: _____ Current supports: _____

Emergency Services/Hospitalization History

Have you been to the hospital emergency department in the last 12 months? Yes No
(ex. anxiety, depression, overdose, attempted suicide, alcohol poisoning, heart problems, assault, seizures, etc.)

If yes, how many times? _____

What problems took you to the emergency department? _____

Have you been hospitalized in the last 12 months? Yes No

If yes, how many times? _____

Why were you admitted to the hospital? _____

Have you accessed/been admitted to a Detox/Withdrawal Management or Police Detox "drunk tank" in the last 12 months? Yes No

If yes, how many times? _____

Income

Are you currently receiving OW/ODSP? Yes No for: Income support Employment Support

Worker's name and contact info: _____

What is your current monthly income and source? _____

Educational/Vocational/Employment/Volunteer

Highest level of education completed? _____

Are you currently employed, in school, or volunteering? _____

Previous employers (if applicable): 1. _____ Date: _____

2. _____ Date: _____

Legal History

Are you on probation or parole (please circle one)? Yes No

Name of parole officer: _____

If yes, until when? _____

If yes, please list conviction and conditions of probation/parole:

Do you have any outstanding charges, bench warrants? Yes No

Outstanding court dates? Yes No

Have you had a recent (past 6 months) criminal background check completed? Yes No

If no, would you be willing to submit one? Yes No

Support Networks

Do you have a network of support people from the following examples?

1. Family Members Yes No

2. Supportive Peers or Friends Yes No

3. Addiction Counsellor Yes No

4. Sponsor Yes No

5. Self-help/Support Group(s) Yes No

6. Other Yes No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

How do you see yourself benefiting from the Addiction Supportive Housing program?

Is there any other important information that we should be aware of regarding your application?

By signing this application form, I give the agencies connected with the Addiction Supportive Housing program (Stonehenge Therapeutic Community, House of Friendship, CMHA Grand River, and Waterloo Regional Homes for Mental Health Inc) permission to contact or discuss my application with the referral person if one exists, for the purposes of discussing my eligibility to the program.

Signature of Applicant

Date

Signature of Witness

Date

Referring Worker:

Agency:

Telephone and Ext. #:

E-mail:

How long have you been working with this individual?

Fax:

FOR OFFICE USE ONLY

Referral date:

Reviewed by: