



Application for Admission

DEL-ART MANOR
Men's Residence
102 Government Rd.
Keewatin, ON
Phone: 807-547-3444
Fax: 807-547-3769

Executive Director: 807-547-2125 Fax: 807-547-2128

CLARISSA MANOR
Women's Residence
1420 8th St. North
Kenora, ON
Phone: 807-468-3667
Fax: 807-468-1276

Application for; Clarissa Manor (Women) Del Art Manor (Men)

Please complete all items. State "NA" if an item does not apply to you.

Name:		Date :
Phone:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		City/Province:
		Postal Code:
Date of Birth (mm/dd/yyyy):		Age:
First Nations?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Status #:	Health Card #:
Where are you currently staying?		What is the day of release? (mm/dd/yyyy)

Addiction History

Date of most recent alcohol/drug use:		
List your substances of choice (example: alcohol, cannabis, codeine)		
1 st Choice:	2 nd Choice:	3 rd Choice:
Check all substances used in the past 12 months:		
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Over-counter Codeine (Tylenol, 222)
<input type="checkbox"/> Cannabis (pot, weed, hash, oil)	<input type="checkbox"/> Cocaine (crack)	<input type="checkbox"/> Halucinogens (Acid, LSD Angel D)
<input type="checkbox"/> Amphetamines (uppers)	<input type="checkbox"/> Heroin/Opium	<input type="checkbox"/> Benzodiazepan (Valium, Librium, Serax)
<input type="checkbox"/> Barbiturates (downers)	<input type="checkbox"/> Other psychoactive (Antidepressants, etc)	
<input type="checkbox"/> Script Opioids (Percoset, 282,292)	<input type="checkbox"/> Non-beverage alcohol (hairspray, mouthwash, rubbing alcohol)	
<input type="checkbox"/> Sniff (gas, solvents, glue)	<input type="checkbox"/> Other: Specify	
At what age did you start using...	Alcohol?	Drugs?
At what age did you begin having problems because of alcohol/drugs?		
What problems did you have then?		
Longest period of time sober/drug free:		When was that?
Reason for abstinence:		
What problems are you having lately due to alcohol/drugs?		
What event leads to your decision to get sober and enter recovery at this time?		

Treatment History

Residential Treatment: List any residential addiction treatment programs you have attended:

- Name of program _____ Date _____
Name of counsellor _____ Completed: () Yes () No
- Name of program _____ Date _____
Name of counsellor _____ Completed: () Yes () No
- Name of program _____ Date _____
Name of counsellor _____ Completed: () Yes () No

Outpatient Treatment: List any addiction counselling or day programs you have attended:

- Agency/Program _____
Name of counsellor _____ Date _____
- Agency/Program _____
Name of counsellor _____ Date _____

Other Counselling/Therapy: List any other counselling or therapy for other issues or problems:

- Agency/Counsellor _____ Date _____
Issues addressed _____
- Agency/Counsellor _____ Date _____
Issues addressed _____

Medical History

Are you currently under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete the following:
Name of Dr.:	Condition being treated:
Medication: (List any medication you are currently taking and what it's for)	
Medical Conditions: (List any medical conditions or problems you have)	
Do you have any Allergies (please list)?	
Detox: Have you ever been in detox or hospital for alcohol/drug withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain when, where:	
Psychiatric: Have you ever been hospitalized for psychiatric reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of hospital:	Name of Dr.:
Reason for admission:	Date:

Family History

Marital Status: <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Divorced/Separate <input type="checkbox"/> Widowed <input type="checkbox"/> Single				
Are you in a relationship now? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, complete the following:	
Where is your partner now?				
Which applies to your partner: <input type="checkbox"/> In recovery <input type="checkbox"/> Drinking/using <input type="checkbox"/> No addiction problem				
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please give details:	
Name	Age	Sex (F / M)	Who has custody?	Where do they live?
Is C.A.S. or Family Services involved?				
Agency:	Location:	Worker:	Phone:	
Is there a history of alcoholism or substance abuse in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Do you have family members who are supportive at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Where do your parents and siblings live?				

Legal History

Have you ever had any legal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, complete the following:
Are you currently on probation/ parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		Until when?
Conditions:		
Name, location of P.O.		
Do you have an upcoming court date? <input type="checkbox"/> Yes <input type="checkbox"/> No		Charges:
Where is court?		When:

Education/Employment

Current source of income:		Amount per month:
Present employer:	Occupation:	Date started:

Education/Employment (Continued)

Last job held: Employer:	Occupation:	Dates From: To:
Highest level of education:		
Name of last school attended:		When:
Any difficulty reading, writing or speaking English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		

Personal Interests, Supports

Do you have any friends who are clean and sober? Explain
List any recreation activities you enjoy, e.g. sports, community groups, events:
List any leisure activities you enjoy, e.g. hobbies, crafts, interests, talents:
Check any of the following you have been involved in: <input type="checkbox"/> Self-help groups (A.A., Alanon, N.A., etc) <input type="checkbox"/> Church (worship services, prayer or study groups) <input type="checkbox"/> Traditional/cultural (sweat lodges, healing circles, drumming, dancing, etc) <input type="checkbox"/> Personal daily spiritual practice (e.g. prayer, meditation, readings, smudging, etc)

Personal Goals and Objectives

What type of support and help do you need in at this time in your recovery?
Describe three specific goals you would like to accomplish over the next three months:
1.
2.
3.

X
Signature of Applicant

Date

Admission Criteria

Concerning information required to process an application:

- We do not require a Crown Brief; we understand the Crown's position concerning confidentiality.
- We do need a Police Synopsis OR just a summary of the charges and circumstances surrounding the offence(s). We need this information first and foremost to ensure the safety of the residents and staff (i.e. potential aggressive behaviors).
- We need to know the victim's name and location as there have been times when an offender applies for admission and their victim is already a resident. It also helps to know the victim's location due to some individuals who have a Restraining Order placed against them (such as in domestic violence cases).
- Keep in mind, that when an individual is on an Order to Reside, we cannot always keep them until all their charges are dealt with. Generally speaking, there is a 6 month stay for individuals who are planning to attend residential treatment (i.e. Smith Clinic, AFM, etc.) and a 3 month stay for post-treatment clients or those who do not plan to attend treatment.
- We will take individuals who have not yet been sentenced if their charges are of a non-violent nature (i.e. some property offences, some breaches depending on the original charge, driving under the influence, etc.). Generally we will ask that in cases where violence is involved (i.e. sexual assault, aggravated assault, assault with a weapon) that individuals deal with all their charges first. If we take an individual who has not yet been sentenced and they are looking at jail time, processing the application is inefficient and unnecessary. Again, the safety of other residents and staff members is paramount. Some individuals are only violent when under the influence and we have had people return to the residence in this state.
- Applicants wishing to come to Changes Recovery Homes prior to sentencing or as an alternative to incarceration are often lacking the kind of motivation necessary to be successful in recovery. This can also negatively impact the dynamics in the house, particularly with residents who are serious about their recovery.

Concerning Admission Criteria:

- Brain Injury
- FASD
- Mental Illnesses
- Legal Issues
- Concurrent Disorders
- Dual Diagnosis

The key factor here is the individual's capacity/motivation to participate in and benefit in a meaningful way from programs and services offered by Changes Recovery Homes. It depends on the severity of the injury or illness. If it impedes the individual's ability to partake/benefit from the program, it's only setting the individual up for failure.

To Be Completed by Referring Agent

Agency/Organization:		Location:
Name of Worker :	Phone:	Fax:
Type of Referral: <input type="checkbox"/> Pre-Treatment: Awaiting a treatment bed Name of Facility: Start Date: <input type="checkbox"/> Post-Treatment: Has/will be completing a treatment program Name of Facility: Start Date: <input type="checkbox"/> Stabilization, assessment of client needs <input type="checkbox"/> Other (Specify):		
Will your agency be involved in follow-up support services?		
Please explain:		

Changes Recovery Homes Staff – DO NOT USE THIS AREA

Date Received:	Referring Agency:
Received by: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> In person <input type="checkbox"/> Other (Specify):	
Date of First Contact:	Name of Staff who made contact:
Notes:	