

Referral & Intake

We welcome women or their advocates to apply to Lydia Home

APPLICANT MUST BE WILLING TO

- Demonstrate motivation and readiness to change
- Commit to a minimum 3 month residential program
- Abstain from alcohol and drug use
- Refrain from violent or threatening behaviour
- Accept guidance regarding lifestyle changes
- Participate in the 12 step programs of AA & NA

HEALTH REQUIREMENTS

- Able to participate in a program of normal activity
- Not suffering from an actively contagious disease (risk to others)
- Not require medication that will interfere with sobriety (see medications below)

MEDICATIONS

Lydia Home will accept clients with medications for diagnosed conditions; these medications are:

- Serotonin uptake inhibitors (Prozac, Zoloft, Paxil)
- Tricyclic antidepressants (provided there is no mood or cognitive impairment)
- Non-steroidal anti-inflammatories (Naproxen, Ibuprofen, Toradol)
- Anti-psychotics (provided there is no mood or cognitive impairment)

Some medications that are not acceptable for clients of the Lydia Home Recovery Program are:

- Benzodiazepenes
- Opiate pain medications (Tylenol 3, 222’s, etc.)
- Alcohol or opiate-based cough medications
- Antihistamines
- Methadone and suboxone

1. Application

Please contact us to receive an application form:

 Ph. 604.253.3323 or 604.826.4868  601 East Hastings Street  UGM.ca

2. Submission

Submit your form to us by clicking the “Submit Form” button in Adobe Reader 7.0 or later, or by e-mailing it as an attachment to lydiahome@ugm.ca.

Referral & Intake cont'd

3. Interview

- Interviewer will contact women to book an in-person daytime interview if appropriate.
- The interview will include a review of Lydia Home's orientation manual.
This is an opportunity for questions from all parties.
- If the applicant is interested in proceeding, the interviewer will assess whether she is able to succeed in Lydia Home's community setting.

4. Cost

The cost of the Recovery Program is \$550 per month. If you are eligible, UGM would be happy to help you apply to Income Assistance who may be able to cover part or all of this amount. Payment includes all of the recovery supports including in our program, as well as room and board and three meals a day.

Application

*Thank you for your application to live at Union Gospel Mission’s Lydia Home.
Please print.*

Date: MONTH DAY YEAR

Name: Age: D.O.B.: | |

Address: Phone:

City: Postal Code:

E-mail Address: Care Card Number:

Allergies:

List Medications You Take:

Drug of choice & other drugs you’ve used:

Referred Here By:

Who do you consider your next of kin?

Name: Relationship:

Address:

City: Postal Code:

Phone:

List all other professional (e.g. parole officer, counsellor) you are currently involved with:

Name: Title: Phone:

Name: Title: Phone:

Name: Title: Phone:

Do you have any health problems? Please describe:

.....

.....

Are you able to participate in work duties?

.....

.....



Application cont’d

Do you have any mental health diagnoses? YES / NO (please circle)

If yes, please explain.

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Describe your current living situation and are you satisfied with it?

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Do you have any outside problems or issues that might prevent you from completing the program? (Relationships with partner, parents, kids, money, job, home, etc.)

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How do you deal with conflict?

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Do you have any current legal charges, court dates, or are you on probation? If yes, please list:

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.....

.....

Substance Use History

When was the last time you used prescription or street drugs or alcohol?

.....

Was there a specific event that prompted this application? YES / NO (please circle)

If yes, please describe.

.....

.....



Application (cont’d)

Have you attended any substance abuse education programs, any substance abuse treatment programs, or AA, NA, etc? When, where, etc.:

.....
.....

When are you least likely to use? (i.e. times of day, around certain people, etc.)

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.....

What is your longest period of abstinence? Describe what was happening in your life at that time.

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.....



Consent to Service

I, _____, have read Lydia Home’s program description. I understand this program is voluntary and I support this referral.

I hereby give authorization to Union Gospel Mission, 33170 – 7th Ave in Mission, BC to obtain any information about my personal history that is relevant to my program and residency.

I understand that any information gathered by the Union Gospel Mission is considered confidential and will only be shared outside of Union Gospel Mission if I have given written permission. Information which is relevant to my program and residency may be shared by staff members with other members of the Lydia Home Team for the purposes of joint problem solving.

I also understand that in some situations, information about me may be disclosed without my permission. Information could be released without written permission in the following circumstances:

- Reporting suspected child abuse or neglect
- Complying with the requirements of a child protection investigation
- Responding to a medical emergency
- Compliance to a court ordered subpoena
- Responding to a threat of harm to self or others
- Communicating with health care professionals that are, or have been involved with your mental health/addictions treatment.

Consent

The parameters of confidentiality have been explained to me and I consent to participate in Lydia Home.

Client: _____ Date: _____
SIGNATURE

Witness: _____ Date: _____
SIGNATURE



Resident Occupancy Agreement

We are an intentional Christian community.

1. We endeavor to provide a safe environment mentally, spiritually and physically. Please respect the safety and wellbeing of everyone in and around Lydia Home.
2. We are committed to partnering with women during this transitional step towards a recovery centred lifestyle. You are responsible for making and owning your own personal commitment to be here with us.
3. Your initiative towards participating in weekly programming activities will assist in your recovery. Be present, be informed and make the choice to initiate your learning outcomes.
4. We ask that you care for your own belongings; unfortunately, UGM cannot be held responsible for lost or stolen items.
5. We want to respect your personal property. If, however, you possess items that are harmful towards your recovery process, you will be asked to voluntarily give them up.
6. Lydia Home staff reserve the right to search rooms and personal belongings as a part of the intake process—and to do spot searches at their discretion any time thereafter.
7. Our facilities are provided for the benefit of every woman. Please help us by respecting communal spaces and by honouring boundaries.
8. During your stay at Lydia Home we encourage you to focus upon your recovery centered lifestyle and ask that you refrain from developing a significant relationship with community members involved in other UGM programming.
9. We provide meals and accommodation for women at Lydia Home and ask that you commit to being on time for meals and curfew as agreed.
10. Inviting visitors into Lydia Home is a privilege and guests must be pre-approved by UGM staff. Visits will take place in a designated time and place to be decided together.

I understand that maintaining my residency at Lydia Home is conditional upon keeping the principles and practices above at the discretion of the staff, assuming all other MCFD/VACFSS conditions are met.

Client: Date:
SIGNATURE

Witness: Date:
SIGNATURE



Application (cont’d)

	Check if use	Age first used	Problem by	Duration	Frequency	Amount
Substances						
Alcohol Products						
Marijuana/Hashish						
Cocaine/Crack						
Ritalin						
Benzodiazapenes						
Valium/Clonazepam/Librium						
Serax/Ativan						
Opiates						
Morphine						
Heroin						
Codeine						
Synthetic Opiates						
Percocet/Percodan						
Talwin/Demerol						
Florinal/Leritine						
Methadone						
Dilaudid						
Others						
LSD/Mescaline						
MIDA						
Mushrooms						
Crystal Meth/Speed/Whites						
Glue/Solvents						
Prescribed						
Other						