

Men's Recovery Program Application & Intake

This is a new application form. It is fairly long and will take you a while to complete. If you need assistance, please ask - our staff are happy to help. We are asking you to provide quite a bit of detailed information. This is so that we can make a good decision about how to help you. Completing this application carefully will really help us a lot and it will save time later.

You need to complete and sign all the yellow sections. This is essential.

You do not need to put anything in the areas that are grey - this is for staff to fill out.

What to do with the completed application?

Once you complete the form give it to the staff at UGM (Reception, or Outreach, or Gateway)

If you are at detox or in the hospital have the form faxed to: Intake at UGM Fax: 604 253-5407

Name

Name (FIRST, LAST) _____

Preferred _____

Date of Birth (MM/DD/YYYY) _____ Age _____

Provincial Health Care Number _____

Contact Information

Phone Number _____

Okay to leave a message for you? YES / NO (please circle)

Address _____

City _____ Postal Code _____

E-mail _____

Check list of essentials	√
COVID screened?	
COVID-19 Vaccinations (one or both)	
TB test completed	
Legal matters cleared	
Has 72 hours clean?	
Date of last use (and time)?	
Substance last used?*	
Estimated number of hours since last use?	
*Note: If last use is less than 72 hours and if last use involved alcohol, benzos, or opiates a withdrawal concern is present and detox or home detox support needs to be explored.	

Emergency Contact/Next of Kin _____ Phone _____

By signing here, I consent to UGM staff contacting this person in the event that I have emergency situation or that I have gone missing.

(SIGN HERE) (DATE HERE)

- Rent or Own Home Homeless Detox (days? ____)
 City Shelter UGM Shelter (days? ____) Living with Family or Friend
 SRO Recovery Program Hospital / Institution

Early Discharge Plan?

If you are discharged (or self-discharge) early for whatever reason, do you have a safe place to go?

- Yes, it is firmly in place No, there is nothing in place yet

If "yes" where is that place? _____

If "no" who will you connect with to arrange housing? _____

Phone Number: _____

By signing here, I consent to UGM staff contacting this person for the purpose of discussing an early discharge plan if it is needed.

(SIGN HERE)

(DATE HERE)

Recovery Program History (where have you been?)

Program	Year Enrolled	Completed?	Client Comment	Interviewer Notes (*see TIPS sheet)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Think about your preferious experiences with recovery programs:

What worked for you ? What has helped you to do well?	Interviewer notes:
What has not worked for you ? Where have the struggles been in these programs?	Interviewer notes:
Why do you want to enter a recovery program now? Why not last month? Last year?	Interviewer notes:

Current situation?

What are your current circumstances?	Interviewer notes:
Describe in detail how substance use has affected your life. (Effects on family relationships, employment, health, social life)	Interviewer notes:
Why do you think the UGM program is a good fit for you? <i>*If you have been at UGM within the last 6 months please complete the "returning to UGM" form</i>	Interviewer notes:

Current Community Connections

What are the community resources that you are already connected to that could play a part in your recovery?	Interviewer notes (*see TIPS sheet):
<input type="checkbox"/> 12-step meetings? Which?	
<input type="checkbox"/> Church? Which?	
<input type="checkbox"/> Health service? Which?	
<input type="checkbox"/> Cultural group? Which?	
<input type="checkbox"/> Other? Which?	

Do you have a criminal history? Please provide details about your history.

Year	Charge	Outcome	Current Restrictions	Interviewer notes (*see TIPS sheet):

We do not allow men to enter the program if they have unresolved court issues. Do you have any such issues? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	Interviewer notes:

If you are currently under the supervision of a probation / parole officer, which has any requirements upon you to report in, please complete this section.

Note: UGM does not wish to get involved in court mandated supervision issues. Thus, we will not share information with probation / parole officers without you being present. However, we may wish to get information from them to confirm what you have told us about above.

Name of officer you report to: _____ Phone #: _____

By signing here, I consent to UGM staff contacting this person for the purpose of sharing information relevant to my care.	
_____ (SIGN HERE)	_____ (DATE HERE)

Describe in detail your alcohol, other drug use and/or gambling.

Substances used - your main drug of choice first	How often used (daily / binge)	How long have you used this substance?	When last used? (MM-DD-YYYY)

Do you use tobacco or vaping products?

Yes No

Note: UGM currently allows smoking on the third floor patio but this will possibly change in the future. If you currently smoke please answer the next question.

What would you say is your current readiness to address smoking cessation? (please circle a number) (no interest at all) 1 2 3 4 5 6 7 8 9 10 (very interested)	Interviewer notes:
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Do you have any mental health diagnoses?

Yes No

What diagnosis?	When diagnosed?	Diagnosed by?	Interviewer notes (*see TIPS sheet):

Funding

As a Christian Mission UGM relies heavily on donations to run its services. Residents are expected to contribute as they are able. A lack of funding will not stand in the way of receiving help. Nonetheless, we run our programs, feed our guests, and pay our staff which requires funds. If you have funds available we expect you to contribute. If you don't have funds we have ways to help you.

What is your funding source?	What is your monthly income?	Interviewer notes (*see TIPS sheet):
Income Assistance (Basic Welfare)*		
Income ASsistance (Disability)*		
CERB (Government of Canada)**		
CPP (Canada Pension Plan)**		
OAS (Old Age Security)**		
Employment Insurance (EI)**		
Sponsor**		
Personal Finances**		
Other		

I have no funding available at all and need to apply for a grant. Please provide me with the necessary form.

*Note: If you are paying through Ministry Assistance

1. Sign the "Shelter Information" form below as well as the "Consent to Disclosure" form below. These forms will be sent to the Ministry and your room and board will be paid directly to UGM each month. Any money left over that you are entitled to will be issued to you.
2. Please note that you will still need to submit monthly reports (also known as "welfare stubs" in order for your room and board to be paid.

**Note: If you are paying through Canadian Pension Plan, Old Age Security, private pension, Employment Insurance, Canada Recovery Benefit, or any other source, you will need to pay on the first of the month at Reception:

1. Go to Reception with \$550.00 cash on the first of the month.
2. Give the front desk worker your name, room number, and the money.
3. Take the rent receipt that they write out for you and keep it for your records.





Consent to Disclosure of Information Service Authorization

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. You have the right to revoke this consent at any time. Any questions regarding this form, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Client Name		
Date of Birth (YYYY MMM DD)	Case Number (if applicable)	SR Number (if applicable)

Section 1 – Consent to Disclosure

I consent to the disclosure within Canada of any personal information about me currently held under the custody and control of the Ministry of Social Development and Poverty Reduction subject to the following limitations:

- 1. The following specific information only. (If more space is required, please attach an additional page)

- 2. All information relevant to the Ministry's determination of my eligibility for the Ministry's provision to me of:
 - Income Assistance
 - Disability Assistance
 - Hardship Assistance
 - Supplements

This information may be disclosed to an agency and/or an individual named below for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*.

Section 2 – Service Authorization

Please select which types of service requests the agency and/or individual named below is authorized to make with your knowledge and on your behalf (select all relevant types of service request):

- All of the following Change of your address
- Request for security deposit
- Apply for Persons with Persistent Multiple Barriers (PPMB) Request a
- Persons with Disabilities (PWD) Application Request for Special Diet Needs
- Requests for Medical Supplies or Devices, Medical Device Repairs Bus Pass
- Request for Reconsideration
- Crisis supplement (i.e., food, shelter, clothing, utilities etc) and I accept this could impact the 12 months limitation rule
- Medical Transportation
- Amendment to Employment Plan Terms
- Other (must specify a specific service) _____

This information may be disclosed to the following agency and/or individual that you identify below.

Agency Name (if applicable) Union Gospel Mission		Individual Name (if applicable)	
Address 601 East Hastings Street			
City / Town Vancouver	Postal Code V6A 1J7	Telephone Number 604-253-3323	Fax Number 604-253-5407



Agency Name (if applicable)		Individual Name (if applicable)	
Address			
City / Town	Postal Code	Telephone Number	Fax Number

This authorization is effective for (select one box):

- 3 months
 6 months
 9 months
 One year

This authorization is effective starting from the date it is signed and will remain valid for the period chosen. If no box has been selected, the ministry will default to the consent being effective for a 3 month period. Authorization can be cancelled at any time by calling the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Name of Person Giving Consent	Signature	Date (YYYY MMM DD)	Phone Number
Name of Witness	Signature	Phone Number	

NOTE: If you are signing on behalf of the Ministry Client, you must attach proof of that legal authority (for example, a copy of the court order naming you as Committee) to this Consent.

Authorization

There are two types of authorization: Disclosure of Information and Service authorization. You can give one or both to your representative. By specifying the type of authorization, you control the type of access or information we disclose to your representative.

Section 1 – Consent to Disclosure

An agent/representative may receive any information related to the applicant's/recipient's application for and eligibility for assistance under the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. Such information may include:

- Amount of assistance for current and previous months
- Reason for signalled payment
- Status of IA applications
- Status of PPMB applications
- Status of PWD applications
- Status of Medical Transportation, Supplies, Devices
- Status of Request for Reconsiderations

Section 2 – Service Authorization*

We may disclose the information listed in **Section 1 – Consent to Disclosure** to your authorized individual or agency and, under **Section 2 – Service Authorization**, you may provide your consent to authorize them to initiate a request for service on your behalf.

Such service requests may include:

- Request for security deposit
- Change of address
- Apply for Persons with Persistent Multiple Barriers
- Persons with Disabilities Application
- Crisis supplement (i.e., food, shelter, clothing, utilities etc.) and I accept this could impact the 12 months limitation rule
- Bus Pass
- Request for Reconsideration
- Request for Special Diet Needs
- Medical Transportation
- Amendment to Employment Plan Terms

*Please note that service delivery standards are the same for requests submitted through an authorized agency, individual, applicant or recipient.

Your authorized agency/individual **will not be allowed** to change your:

- Direct deposit information;
- Change landlord information.



(For Office Use Only) Case Number	(For Office Use Only) SR Number
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The personal information requested on this form is collected and used by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(C) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance Act* and *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

This form is *not* a tenancy agreement. This form should be used *only* if a tenancy agreement is *not* available. This form is for ministry information only. For information on tenancy agreements and rental housing, see the Residential Tenancy Branch website at www.rto.gov.bc.ca. All information provided to the ministry may be verified.

Client Information

Client Legal Name	Birthdate (YYYY MMM DD)	Current Date (YYYY MMM DD)
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Renting or Intending to Rent at the Following Address

Unit #	Street Address 601 East Hastings Street	City / Town Vancouver	Postal Code V6A 1J7
Mailing Address (if different)		Current Phone Number	
Rental Start Date	Is the Rental Unit on Reserve Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Phone Number After Move <input checked="" type="checkbox"/> Same as Above, or: _____	

Type of Rental Accommodation

A. <input type="checkbox"/> Renting a self-contained unit or room (with or without roommates)	B. <input type="checkbox"/> Room Only (common areas shared with landlord, meals are <i>not</i> included)	C. <input checked="" type="checkbox"/> Room and Board (common areas shared with landlord, meals <i>are</i> included)	D. <input type="checkbox"/> Other Specify: _____
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Accommodation Information

Client's Portion of Rent or Room and Board \$ 550.00	Total Rent of Unit (if shared) \$ N/A
Are Utilities Included in Rent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Does the Client Share a Kitchen or Bathroom with the Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Number of People Living at the Given Address (including client) Adults <u>1</u> Children _____	

Deposit Information

Security Deposit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Client's Portion \$
Pet Damage Deposit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Client's Portion \$

Landlord Information

To the Landlord: If the client has arranged for monthly direct payment of rent to the landlord, you may choose to receive this payment by direct deposit. For more information on how to set up direct deposit, please visit www2.gov.bc.ca/gov/content/family-social-supports/income-assistance/payment-dates/direct-deposit or call 1 866 866-0800.

Name of Landlord or Property Manager / Agent Union Gospel Mission			
Address of Landlord <input checked="" type="checkbox"/> Same as above, or provide address below:		Current Phone Number of Landlord 604-215-5446 ext. 363	
Unit #	Street Address	City / Town	Postal Code
Mailing Address (if different)			
Landlord or Property Manager's Signature		Date (YYYY MMM DD)	