

Referral Steps for Individual Adult Women

We welcome women or their advocates to apply to The Sanctuary.

WHO

- 19 years or older with a newborn
- Struggling with substance misuse
- English speaking
- Living as a woman
- Not a danger to self or others
- Health is stable (of both mom and baby) enough to reside in a non-medical setting, with UDS referral in place prior to intake
- Willing to commit to a semi-structured, abstinence based, live-in program

WHAT

- 24/7 temporary home for up to 18 women actively seeking a recovery-centered lifestyle

WHEN

- Reception is open every day from 7am-11pm

WHERE

- Union Gospel Mission, Women & Families Centre, 616 East Cordova Street, Vancouver

1. Application

Please contact or visit us to receive an application form:

 Ph. 604.253.4044  616 East Cordova Street  Fax 604.253.3345  sanctuaryinfo@ugm.ca

- Applicants will be provided an *application* form
- Applicants may apply from detox or while they prepare to enter detox

Upon receiving your application, it will be reviewed within 48 hours.

2. Interview

- Interviewer will contact women to book an in-person daytime interview if appropriate (*Please note: an interagency meeting may be the chosen venue.*)
- The interview will include a review of The Sanctuary *application package*. 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 The Sanctuary community setting.

3. Admission

A staff member will contact the applicant within 48 business hours to follow up if necessary. The staff member will provide details regarding intake date and time.

Application for Individual Adult Women

Date of Application:

Name:

Date of Birth: Age:

Personal Health Number:

Ethnicity:

If Indigenous, are you (please check): Status Non-status Metis Inuit

Nation:

Do you have any cultural practices that you would like us to be aware of?
(E.g. Diet, clothing, ceremonies you would like to practice, etc.)

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Contact Information

Phone: Cell:

Email Address:

Best way to contact you (please check): Phone Cell Email Other



Other People Involved

Please fill out as many as applicable.

	NAME	PHONE NUMBER	EMAIL ADDRESS
Emergency Contact:
Referring Agency:
Social Worker:
Parole Officer:
Doctor, Family Physician:
Mental Health Worker:

Please describe your current living situation:

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Address where you are currently residing:

City, Province:

How long have you been at your current address?

Relationships & Children

Are you currently pregnant? Yes No

If yes, when is your due date?

Do you have any other children? Yes No

Please provide their names, DOBs, gender, and where they are residing:

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The Sanctuary – Stabilization & Recovery for Women

Are you currently involved with MCFD or VACFSS? Yes No

If yes, please provide further details – what are the circumstances?

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Are you currently in a relationship? Yes No

What is your relationship with the father of your child/ren like?

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Physical & Mental Health

Do you have any minor or major physical health challenges or diagnoses requiring medication and/or ongoing medical care? (E.g. Arthritis, Diabetes, Hep C, HIV, Vision, etc.)

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Do you have any mental health diagnoses? Yes No Unsure

If yes, what is that diagnosis? Do you agree with the diagnosis?

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The Sanctuary – *Stabilization & Recovery for Women*

Do you currently have any mental health symptoms? (E.g. Trouble sleeping, changes in mood, anxiety, hearing voices, hallucinations, etc.)

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Are you currently prescribed medication for mental health? Yes No

If applicable, please provide the name and dosage of the medications:

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How long have you been taking them?

Do you find them helpful?

The Sanctuary – Stabilization & Recovery for Women

Substance Use History & Treatment

TYPE	AGE OF FIRST USE	HOW OFTEN USED (DAILY/WEEKLY/MONTHLY)	AMOUNT/QUANTITY	DATE LAST USED (DD/MM/YY)
Alcohol <i>(beer/wine/hard liquor)</i>
Cannabis <i>(pot/hash)</i>
Cocaine <i>(crack/coke)</i>
Hallucinogen <i>(acid/mushrooms/PCP/ketamine)</i>
Barbiturate <i>(phennies/yellow jackets)</i>
Amphetamine <i>(crystal meth/ecstasy/speed)</i>
Heroin <i>(crank)</i>
Opiate <i>(morphine/codeine/opium)</i>
Inhalant <i>(glue/hairspray)</i>
Illicit Methadose
Benzodiazepine <i>(sleeping pills/tranquilizers)</i>
Over the Counter Drugs <i>(cough syrup)</i>
Other Prescription Drugs <i>(T3s/valium)</i>
Tobacco/Vape
Other:
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The Sanctuary – Stabilization & Recovery for Women

What is your drug of choice?

Have you completed a detox? Yes No

If yes, when was your detox?

If no, when is your intake date?

For individuals entering the program, we will need to see a period of 72 hours sobriety (minimum) before an intake is discussed.

Do you have an application in for treatment? Yes No

If yes, where?

Have you attended treatment before? Yes No

If yes, where and when?

What are your treatment/recovery goals?

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Income Assistance

Are you on income assistance? Yes No

Which one? (Please check)

Income Assistance

Persons With Disability

Persons With Multiple Barriers

Thank you for filling out this application form. You can hand this to Reception at 616 East Cordova Street (open 7am – 11pm), email SanctuaryInfo@ugm.ca, or fax 604-253-3345. A staff member from The Sanctuary will contact you within two (2) business days to discuss further.

