

Referral Steps for Women with Newborns

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 moms who need supervision for their newborns

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.

Principles and Practices for Women with Newborns

1. We are an intentional Christian community; however, all faith journeys are respected and while present and available, Christian practices are not required for participation in the program.
2. We endeavor to provide a safe environment mentally, spiritually, physically and culturally. Please respect the safety and wellbeing of everyone in and around Union Gospel Mission's Women & Families Centre.
3. 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.
4. 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.
5. We want to respect your personal property. If, however, you possess items that are harmful towards your recovery, yourself, or others you will be asked to voluntarily surrender those items.
6. In order to maintain a safe environment The Sanctuary staff reserve the right to search rooms and personal belongings as a part of the intake process. This includes spot room searches at staff discretion if concerns arise, for the duration of the program.
7. Our facilities are provided for the benefit of each program participant and their children. Please help us by respecting communal spaces and by honouring the boundaries of others.
8. We provide meals and accommodation for women in The Sanctuary program and ask that you commit to being on time for meals and seasonal curfews as agreed.
9. Inviting visitors into the Women & Families Centre is welcome; however guests must be pre-approved by The Sanctuary staff. Visits will take place in a designated time and place to be determined.

I understand that in order to continue my participation in The Sanctuary that I am committing to show a desire to progress toward my recovery goals and follow the principles and practices above.

Participant: Date:
SIGNATURE

Witness: Date:
SIGNATURE



Consent to Release of Information for Women with Newborns

I, _____, have read The Sanctuary program description. I understand that my residency and that of my baby, _____, depends on my willingness and ability to adhere to the conditions of the MCFD/VACFSS Supervision Order as well as my desire to abide by the terms of The Sanctuary.

I hereby give authorization to Union Gospel Mission, 601 East Hastings Street in Vancouver, 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 Women & Families 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 a Supervision Order
- Responding to a medical emergency
- Compliance to a court-ordered subpoena
- Responding to a threat of harm to self or others
- Communicating with associated professionals that are, or have been involved with your wellness and recovery

Consent

The parameters of confidentiality have been explained to me and I consent to participate in The Sanctuary. This consent is valid for one year or until I am no longer a participant of The Sanctuary.

Participant: _____ Date: _____
SIGNATURE

Witness: _____ Date: _____
SIGNATURE

Please deliver your completed form to the Women & Families Centre, fax it to 604.253.3345, or email sanctuaryinfo@ugm.ca



Application for Women with Newborns

Date of Application:

Name:

Date of Birth: Age:

Baby's Name:

Baby's Date of Birth: Baby's Age:

Personal Health Number:

Baby's 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 children 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 moms entering the program, we will need to see a period of sobriety before an intake is discussed; this could be between 72 hours or two (2) weeks depending on the circumstances.

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. This application is part of a Referral Package which includes: Referral Steps, Principles and Practices, Consent to Release of Information. You can hand this to Reception at 616 East Cordova Street, 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.

