

UGM Men's Recovery Program Application & Intake Screening Process

OVERVIEW

This application form is lengthy and will take a considerable amount of time to complete. We are asking you to provide a fair amount of detailed information so we can make a well-informed decision about how to help you. If you need assistance at any point, please do not hesitate to ask - our staff are happy to help.

Completing this application carefully will help expediate the intake screening process.

Please complete all sections. Any incomplete applications received will not be accepted and returned directly to the applicant for completion.

Admission Requirements

- Identifying as male
- 19 years of age or over
- A prior 72-hour detox period (speak to us about detox)
- Identify that drugs and/or alcohol has caused your life to be unmanageable.
- Agreement to follow UGM's recovery philosophy, rules, and regulations.
- Commitment to a 6-month inpatient program
- Ability to live in communal living arrangements.
- Physically, emotionally, and mentally willing to fully participate in all aspects of the program, including looking at your thoughts, emotions, past, and how you interact with others.

Intake Checklist

- ✓ Funding supports in place or in-progress (applying for income assistance)
- ✓ Negative Tuberculosis (TB) Skin Test
- ✓ Pending court date(s) won't interfere with program length
- ✓ Not mandated by any courts to reside specifically at UGM
(If there are active charges/conditions, an exchange of information with the lawyer will be required)

UGM Men's Recovery program does not accept individuals if:

- Your conditions require you to attend a recovery program
- You are taking benzodiazepines or hypnotic medications

ABOUT MEN'S RECOVERY AT UGM

UGM Men's Recovery program provides holistic care to all program participants, recognizing each person is a unified body, mind, and spirit. We provide evidence based psychoeducational classes, clinical counselling, recovery coaching, Christian-based teaching, and physical exercise – all done in a supportive community.

The program's aim is to assist people on their path to recovery, regain hope for their lives, find a purpose and meaning, explore their spirituality, and overcome the barriers that have held them in addiction.

Accommodations

- Start out in a double room, with the possibility of eventually moving to a single room.
 - Fully furnished with washrooms in each room
 - Shared laundry facilities
 - Fitness room
 - \$550 monthly fee (room & board)
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Program Outline

Foundations (1 Month)

- Focus on settling in, meeting counsellor & coach, and getting oriented to the program
- Group Classes, Faith-based content, Health & Wellness workshops, Case Management support

Treatment (3 Months)

- Psychoeducational classes focusing on various topics such as trauma, mental health, communication, & boundaries
- Group & Individual therapy
- Exploring spirituality and discipleship
- Volunteering & Career development counselling

Applications (2 Months)

- While still being involved in program, there is the opportunity to focus on what is important for your recovery, such as returning to work (part-time), volunteering, connecting with family, all done in the context of a safe and supportive community.

Second Stage

- Continue involvement with a recovery coach
 - Living semi-independently while still having support Volunteer opportunities
 - Referrals to counselling if still required
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MEN'S RECOVERY APPLICATION & INTAKE FORM

Please return the completed form to UGM Staff (Reception, or Outreach, or Gateway)
External applications please fax to: Intake at UGM Fax: 604-909-1679

Date _____

Personal Information

Name (FIRST) _____ (MIDDLE) _____ (LAST) _____

Preferred Name _____

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

Country of Origin _____

What is your status in Canada? _____

What racial or ethnic group do you most closely identify with? _____

Provincial Health Care Number _____

Contact Information

Your Phone Number _____ Your E-mail _____

Is anyone helping you complete this application?

Name _____ Relationship _____

Can we contact the above person if we are unable to reach you directly? Yes No

If yes, please provide their phone number and/or email _____

Emergency Contact Information

Name _____ Relationship _____

Their Phone Number _____ Their E-mail _____

In the event of an early discharge, may we notify the person listed above? Yes No

Current Situation

What is your current living situation? (Homeless, couch surfing, hospital, etc.)

What has motivated you to get sober now?

Why do you feel UGM's recovery program is right for you at this time?

Addictions of Choice

Substances you use	How often used (daily / binge)	When did this become problematic?	When last used? (MM-DD-YYYY)
PRIMARY ONE			

Process Addictions (Compulsive Behaviors)

Things that you turn to that aren't substances to manage difficult emotions, that get you 'high', that impact your work/relationships/physical/mental health, or you feel withdrawal from them.

Check all that Apply	How often used (daily / binge)	When did this become problematic?	When last used? (MM-DD-YYYY)
Gambling			
Pornography			
Gaming			
Sex			
Social Media			
Gym			
Shopping			
Other?			

Tell us about how addiction has impacted your life?

Smoking

Do you smoke cigarettes or use vaping products?

YES

NO

How ready are you to quit smoking? (CIRCLE A NUMBER)

(NO INTEREST AT ALL) 1 2 3 4 5 6 7 8 9 10 (VERY INTERESTED)

Recovery Program History

Where have you tried recovery before? (if not applicable, please leave blank and skip to pg. 7)

Program	Year Enrolled	Completed?	Comments?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EXPERIECES OF RECOVERY PROGRAMS

What **worked for you**? What has helped you to do well?

What has **not worked for you**? Where have the struggles been in these programs?

Based on your previous experiences, what do you know you need to work on this time to live in long term recovery?

Current Community Connections

What are the community resources that you are already connected to that could play a part in your recovery?
<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?
Who is/are the supportive people in your life? (family, friends, sponsors, pastors, etc.)

Legal History

Please provide details if you have a criminal record.

Charge	Year	Outcome	Current Restrictions
Do you have an upcoming court date? And pending cases? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
Have you recently been involved in a physical altercation?			

Physical & Mental Health

PHYSICAL HEALTH

Do you have any physical health concerns we should know about? (diabetes, arthritis, heart disease, vision or hearing troubles, etc.)

Have you ever suffered any head injuries or seizures. If so, when?

Do you have a family doctor or any other health care provider you are currently seeing?

Part of UGM's program involves a physical health component (walking, running or biking). Having physical limitations is okay, however at this present time, do you feel you are physically able to participate in this?

If you are physically not able to walk or run, what sort of physical activity do you feel able to do?

Medications

Please provide details below if you are taking any medications (including over-the-counter drugs).

Medication	Dose	Frequency	Start Date	End Date

Provincial Health Number (PHN) _____

MENTAL HEALTH		
Do you have any mental health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was the diagnosis?	When was it diagnosed?	Diagnosed by/where?
Do you feel like these diagnoses are accurate?		
Do you have any mental health struggles that you believe you have but have never received help for?		

Education & Employmen

EDUCATION

UGM has a large classroom component. This section is to determine if you will need extra support while you are with us.

What is the highest level of education you have completed?

Have you ever been diagnosed with a learning difficulty?

Do you struggle with reading and/ or writing?

EMPLOYMENT

What have you previously done for work?

Spirituality

Do you identify with any faith tradition?

How does spirituality play a role in your recovery?

UGM is a Christian organization. It is not required for any participants to be Christian to engage in the recovery program. However, we believe the Christian faith is an important part of recovery and we provide content based on this. Agreement is not necessary, only a respectful attitude and an openness to learn.

Please check below if you consent to this.

I consent

Funding

As a charitable organization, UGM's community services depend heavily on donor support. 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?
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**

Upon intake you will 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.

Please note that you will still need to submit monthly reports (also known as "welfare stubs" for your room and board to be paid. Our program is under ROOM & BOARD.

****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 and the on-going payments through direct deposit:

- See Administration upon intake on what will be the cost for the length of stay during the month you have first entered.
- Provide a void cheque to set up the direct deposit for on-going monthly payment.