

## Referral Steps for Individual Adult Women

*We welcome women or their advocates to apply to Cedar Haven*

### WHO

- 19 years or older
- Struggling with substance misuse
- English speaking
- Living as a woman
- Not a danger to self or others
- Health is stable enough to reside in a non-medical setting
- Willing to commit to a semi-structured, abstinence based, live-in program

### WHAT

- 24/7 temporary home for up to 11 women actively seeking a recovery-centered lifestyle

### WHEN



- Reception is open every day from 9am-5pm

### WHERE

- Union Gospel Mission, Cedar Haven Women's Recovery Centre, Langley, BC

## 1. Application

Please contact or visit us to receive an application form:

 Ph. 604.530.6228    Fax 604.530.6238    cedarhavenintake@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 Cedar Haven *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 Cedar Haven 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:

.....  
.....  
.....  
.....

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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.....  
.....  
.....  
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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?

.....

.....

.....



**Cedar Haven – 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? .....



**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:	.....	.....	.....	.....
.....	.....	.....	.....	.....



**Cedar Haven – 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?  
.....  
.....  
.....  
.....

**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 email to cedarhavenintake@ugm.ca, or fax 604-530-6238. A staff member from Cedar Haven will contact you within two (2) business days to discuss further.*

