ANCHORAGE ADDICTIONS & REHABILITATION PROGRAM

180 Henry St. Winnipeg, MB R3B 0J8
Telephone: General Inquiries:: (204) 946-9401 Fax: (204) 943-3146
Intake Counsellor:: (204) 946-9453

INTAKE ASSESSMENT APPLICATION

Application Received:

☐ FAX If you are faxing this application please indicate where you are faxing it from:

_____

☐ Drop off – In person / mailbox

IF YOU FAX IN YOUR APPLICATION YOU MUST CONTACT THE INTAKE COUNSELLOR WITHIN 2 WEEKS TO HAVE AN ASSESSMENT COMPLETED.

All Applications are treated equally without prejudice or bias. Applications are kept on file for 6 months.

Name: *first*	*middle*	*last*			
Gender: ☐ M ☐ F ☐ T	**Date of Birth:**	*day*	*month*	*year*	**AGE:**
Do you have stable housing? ☐ Yes ☐ No **Address:**		**PHONE:** CELL PHONE:			
Emergency Contact Person:	**Relationship to you:**	**Phone number(s)**			

DETOX

Are you currently in detox? ☐ Yes ☐ No
If yes, when is your last day?

If you are not in detox when will you go?

When was the last time you used drugs or alcohol?

THE COMPLETION OF A DETOX PROGRAM PRIOR TO ENTERING THE ANCHORAGE PROGRAM IS USUALLY REQUIRED. With exception to those entering straight from another program or being incarcerated.

GOD grant me the
SERENITY
To **ACCEPT** the things I can not change
COURAGE to change the things I can, And the
WISDOM to know the
DIFFERENCE

INTAKE NOTES

OFFICE USE ONLY ☐ Accepted ☐ Denied ☐ Referred ☐ Client went elsewhere

Assessment Date: 2nd Assessment if applicable:

Will attend the pre-treatment program? ☐ Yes ☐ No Appointment:

NOTES:

_____

_____

Funding notification sent by ☐ email ☐ fax on _____
☐ EIA funding has been approved ☐ EIA NOT approved
☐ Client will be Parole funded ☐ Client will be Self Pay
☐ Client did not show up on intake day

Expected Intake Date:

Counsellor:

Room #:

ABOUT YOU

Marital Status: ☐ Single ☐ Partnered ☐ Common law ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

What is your Ethnic Origin? ☐ Caucasian ☐ Aboriginal ☐ Non-status ☐ Status ☐ Métis
☐ Filipino ☐ African Canadian ☐ Other:

Can you read and write without difficulty? ☐ Yes ☐ No

ARE YOU PREGNANT? ☐ Yes ☐ No
If yes, when are you due? _____
Is there a Birth Alert? ☐ Yes ☐ No

Do you have children? ☐ Yes ☐ No
If yes, how many? _____ Is CFS involved? ☐ Yes ☐ No

Has CFS required you to complete a treatment program? ☐ Yes ☐ No

FUNDING

Are you on Welfare (Social Assistance)? ☐ Yes ☐ No

If YES, please fill out the following:

Case #: _____

Case Worker: _____

Phone: _____ Fax: _____

Email:

Office Location:
☐ General Intake ☐ 1-111 Rorie ☐ 2-111 Rorie
☐ 896 Main ☐ 391 York ☐ 128 Market ☐ 1050 Leila
☐ 975 Henderson ☐ 845 Regent ☐ Other:_____

If **NO**, please fill out the following:

If you have an appointment already scheduled when is it?

Have you ever been denied by welfare?
☐ Yes ☐ No ☐ unsure

Do you qualify for employment insurance benefits? ☐ Yes ☐ No ☐ unsure

Will you be a Self Pay Client? ☐ Yes ☐ No

NOTES:

LEGAL INFO

Having a Criminal background or outstanding criminal charges does not exclude you from being accepted into the program. However, ***we DO NOT accept clients on bail.***

Do you have any legal issues? ☐ Yes ☐ No

Do you have upcoming court dates? ☐ Yes ☐ No
When?

Are you on BAIL? ☐ Yes ☐ No

Have you **ever been** charged or convicted with the following:
Violent Offences: ☐ Yes ☐ No
Sexual Offences: ☐ Yes ☐ No

If you are in Jail which institution are you in?

When is your expected release date?

Will you be on Parole while in the program?
☐ Yes ☐ No Who is your Parole Officer?
Name: _____
Ph: _____ Fax: _____
Email: _____

Please list all current charges: _____
_____
_____

TREATMENT

What do you need treatment for? ☐ **Alcohol** ☐ **Drugs** ☐ Both

How long have you been "using" for? _____

If using drugs, which do you use? (please check all that apply)

☐ Cocaine ☐ Crack ☐ Weed ☐ Heroin ☐ Meth ☐ Pills ☐ Codeine ☐ Opiates

☐ Valium ☐ Ecstasy ☐ Demerol ☐ Benzo's ☐ Anything ☐ Other _____

Have you ever been to the **Anchorage Program** before? ☐ Yes ☐ No When: _____

Did you Complete the Anchorage program? ☐ Yes ☐ No If no, Why? _____

Have you been to other Treatment Programs before? ☐ Yes ☐ No

If Yes, please check off all that apply and give month/year attended

☐ AFM _____ ☐ BHF _____ ☐ Tamarack _____ ☐ UGM _____

☐ NWTC _____ ☐ Forward House _____ ☐ Other: _____

_____

Have you ever tried to stop using on your own? ☐ Yes ☐ No	How long have you been able to stay sober?

Why are you looking for treatment today? _____

_____

_____

_____

MEDICAL

Do you have a Doctor? ☐ Yes ☐ No Who?

Will you agree to have your medication bubble packed by Tache Pharmacy? ☐ Yes ☐ No

Are you are on any Benzodiazepines?	Are you currently on any Opiates ?
☐ Chlordiazepoxide/Librium ☐ Alprazolam/Xanax ☐ Diazepam/Valium ☐ Oxazepam/Serax ☐ Clonazepam/Klonopin-Rivetril ☐ Lorazepam/Ativan ☐ Flurazepam/Dalmane ☐ Bromazepam/Lectopam ☐ Triazolam/Halcion ☐ Chlorazepate/Tranxene	☐ Morephine ☐ Codeine ☐ Herion ☐ Oxycodone ☐ Tylenol 3 Have you been prescribed Benzo's or Opiates in the past 12 months? ☐ Yes ☐ No ☐ Unsure

If you are taking Benzo's will you work with your doctor on a step down program? ☐ Yes ☐ No

Are you on any of the following medications? (please check all that apply)
☐ Imovane/Zoplicone ☐ Lithium ☐ Quetiapine/Seroquel ☐ Ziprasidone/Geodin ☐ Olanzapine/Zyprexa
☐ Chloropromazine/Thorazine ☐ Clozapine apsy/Clorzaril ☐ Loxapine/Loxapac ☐ Haloperidol/Haldol
☐ Nozinan/Methotrimeprazine ☐ Risperodol/Risperidone

Please list any other medication(s) you are one that is not already listed?

Addiction Severity Index (ASI) Psychiatric Subscale

Plus additional questions recommended by Health Canada

Please answer the following questions based on when you are in a non-using state.

MENTAL HEALTH

Have you ever been treated for a psychological or emotional program in a hospital? ☐ Yes ☐ No

Have you ever been treated as an outpatient or private patient? ☐ Yes ☐ No

Do you receive a pension for a psychiatric disability? ☐ Yes ☐ No

Have you ever experienced the following in your lifetime: ***(Please check all that apply)***

☐ Experienced serious thoughts of suicide	In the past 30 days	☐
☐ Experienced serious depression	In the past 30 days	☐
☐ Experienced serious anxiety or tension	In the past 30 days	☐
☐ Had involvement with a Crisis Stabilization Unit/Crisis Centre	In the past 30 days	☐
☐ Experienced trouble understanding, concentrating or remembering	In the past 30 days	☐
☐ Experienced trouble controlling violent behaviour	In the past 30 days	☐
☐ Experienced hallucinations	In the past 30 days	☐
☐ Have you ever attempted suicide	In the past 30 days	☐
☐ Been prescribed medication for any psychological emotional problems	In the past 30 days	☐
☐ Experienced significant problems with controlling your eating	In the past 30 days	☐
☐ Experienced significant problems with your sleep	In the past 30 days	☐
☐ Experienced panic attacks or extreme anxiety out of the blue	In the past 30 days	☐
☐ Experienced a trauma that comes back in unwanted flashbacks	In the past 30 days	☐

How often in past 30 days have you experienced any of the above?

How much have you been bothered by any of the above in the past 30 days?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Are you Suicidal today? ☐ Yes ☐ No

Have you been suicidal in the past 7 days? ☐ Yes ☐ No

Do you have a mental health worker? ☐ Yes ☐ No

Do you have any medical concerns?

Notes:

☐ 2nd Assessment is recommended for this client before application can be accepted

URICA (University of Rhode Island Change)

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate your response to each question – do you agree or disagree with the statement. Make your choice in terms of **how you feel right now.** For all the statements that refer to your "problem", answer in terms of "your drug/alcohol addiction right now. And "here" refers to the place of treatment or the program.

There are FIVE possible responses to each of the items in the questionnaire:

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

As far as I'm concerned, I don't have any problems that need changing.		**P**
I think I might be ready for some self-improvement.		**C**
I am doing something about the problems that had been bothering me.		**A**
It might be worthwhile to work on my problem.		**C**
I'm not the problem one. It doesn't make much sense for me to be here.		**P**
It worries me that I might slip back on a problem I have already changed, so I am here to seek help.		**M**
I am finally doing some work on my problem.		**A**
I've been thinking that I might want to change something about myself.		**C**
I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.		**M**
At times my problem is difficult, but I'm working on it.		**A**
Being here is pretty much a waste of time for me because the problem doesn't have to do with me.		**P**
I'm hoping this place will help me to better understand myself.		**C**
I guess I have faults, but there's nothing that I really need to change.		**P**
I am really working hard to change.		**A**
I have a problem and I really think I should work at it.		**C**
I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.		**M**
Even though I'm not always successful in changing, I am at least working on my problem.		**A**
I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.		**M**
I wish I had more ideas on how to solve the problem.		**C**
I have started working on my problems but I would like help.		**A**
Maybe this place will be able to help me.		**C**
I may need a boost right now to help me maintain the changes I've already made.		**M**
I may be part of the problem, but I don't really think I am.		**P**
I hope that someone here will have some good advice for me.		**C**
Anyone can talk about changing; I'm actually doing something about it.		**A**
All this talk about psychology is boring. Why can't people just forget about their problems?		**P**
I'm here to prevent myself from having a relapse of my problem.		**M**
It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.		**M**
I have worries but so does the next guy. Why spend time thinking about them?		**P**
I am actively working on my problem.		**A**
I would rather cope with my faults than try to change them.		**P**
After all I had done to try to change my problem, every now and again it comes back to haunt me.		**M**

The Salvation Army

Anchorage Addictions and Rehabilitation Program

REQUEST FOR TREATMENT AGREEMENT

Thank you for your interest in The Salvation Army Anchorage Program in Winnipeg, Manitoba. Prior to submitting your application we require you to read the following program policies. In order to be admitted into this program these policies must be agreed to by you.

1. We are a Christian based treatment program which focuses on the Twelve Steps of Alcoholics Anonymous. Attendance at daily devotion services and a Sunday evening church service are mandatory for all persons enrolled in our program as is attending at two in-house AA meetings and three meetings per week outside of the building.

2. Gambling is strictly prohibited anywhere on the property of The Salvation Army.

3. Clients are expected to attend all scheduled activities including, but not limited to, classes, lectures, video presentations, one-on-one counseling , group therapy, daily devotional attendance, Alcoholics Anonymous meetings, housekeeping chores and recreational activities.

4. Clients may be asked at any time during their stay to provide a urinalysis or a medical check-up. Room searches will be conducted randomly. Clients will provide a urinalysis during the intake process. All belongings will be checked thoroughly during intake and any items brought into the program thereafter must be checked through by a staff member. If any item is deemed inappropriate it will be confiscated until client is discharged.

5. During the initial 5 day assessment period, each client is confined to the building. During this time, the client will be evaluated by their counselor. The confinement period may be extended beyond 5 days.

6. Leisure time is a privilege that must be earned. Weekend passes and overnight passes are not permitted during the first 42 days of the program attendance.

7. Clients displaying a poor attitude towards program, aggressive or violent behavior, or disregard for the rules will be discharged.

I admit that I have a substance abuse problem and request that I be accepted into the Anchorage Addictions Program for the sole purpose of dealing with my substance abuse problem. I have read the above outlined description of the program and I am willing to abide by all program rules and meet all program expectations and to actively participate in all aspects of the program. I understand that failure to do so will result in me being asked to leave the program.

Date: _____

_____ _____

Signature of applicant (at time of application) Anchorage Staff Signature

_____ _____

Signature of applicant (at time of admission) Anchorage Staff Signature

The Salvation Army
Anchorage Addictions and Rehabilitation Program
180 Henry Avenue, Winnipeg, MB. R3B 0J8
Telephone:: 946-9401 Fax:: 943-3146

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Client:_____, born on _____
(*Client name – please print clearly)* *(date)*
herby authorize The Salvation Army, Anchorage Program to release and/or obtain information from:

Note: Please indicate who you are authorizing to release information to/from,. This list should include, but is not limited to **funding provider** (EIA-Welfare; Corrections; Unemployment). If you are incarcerated and require documentation for court, you must have your lawyer's name listed here. You should also list anyone who may need verification of your attendance in the program, such as a parole/probation officer, CFS worker, social worker and so on.

Name of person/agency	Phone/or Contact Info if Available
EMPLOYMENT AND INCOME ASSISTANCE (Welfare)	Any worker or staff member
MAIN STREET PROJECT: DETOX/MAINSTAY	Any worker or staff member
ST. RAPHAEL WELLNESS CENTRE, INC	Any worker or staff member
MEDICAL PROFESSIONALS/DOCTOR/PHARMACY	Your doctor/any doctor prescribing you medication
TACHE PHARMACY/OTHER PHARMACY	Any staff related to your medication
EMERGENCY CONTACT LISTED ON APPLICATION FORM	
Other:	
_____	_____
_____	_____

I recognize that information may be shared, as required, with other team members and programs within The Salvation Army – Anchorage and Booth Centre. In addition, confidential information will be shared without written consent if child abuse is suspected, records are subpoenaed, or clients are felt to be a threat to their own or another individual's health and/or safety.

I hereby waive any and all claims against The Salvation Army, employees and agents for all purposes whatsoever arising from the disclosure of this information.

This consent shall be valid for 1 year from the date signed, unless withdrawn in writing and sent to the above noted address.
Date: _____

_____ _____
Client Signature Anchorage Staff Signature

ASSESSMENT NOTES

FOR OFFICE USE ONLY

P	C	A	M

STAGE OF CHANGE

□ Pre-contemplation □ Preparation □ Contemplation □ Action □ Maintenance □ Recycle □ Termination

MOTIVATION FOR CHANGE

□ Low □ Medium □ High

Scheduled for Pre-Treatment Program:

☐ Readiness Program (Tuesday, Thursday 1:00 – 4:00)

_____

_____

_____

☐ Access Program (Monday, Tuesday, Thursday and Friday 9:30 – Noon//Monday, Tuesday, Thursday 1:00 – 3:00)

_____

_____

_____

Observations and Intake Notes:

_____

_____

_____

_____

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