



The Salvation Army Ottawa Booth Centre

Please complete all aspects of the Addictions Services Application Package. Incomplete applications will not be processed. *PLEASE BE AWARE THAT ELECTRONICS INCLUDING CELL PHONES ARE NOT PERMITTED IN OUR PROGRAMS AT ANY TIME*

Basic Information

First Name

Middle Name

Last Name

Date of Birth

Source of Income

Marital Status

Street Address (Including City)

Phone Number

Can we leave messages?

Email

Do you identify as a member of a visible minority?

Do you identify as a person of Aboriginal descent?

What is your primary language?

If English is not your primary language, are you able to receive services in English?

Status in Canada Canadian Citizen Y

Landed Immigrant

Other

How did you hear about the Anchorage Program?

If other, please state

Emergency Contact Name

Phone Number

Relationship

Physical Health

Family Doctor's Name

Address of Clinic

Date of your last visit

Reason for your visit

How many times have you been hospitalized in the past year?



The Salvation Army Ottawa Booth Centre

| MEDICATION | DOSE | REASON | HOW LONG HAVE YOU BEEN TAKING IT? | ARE YOU TAKING IT AS PRESCRIBED? |
|------------|------|--------|-----------------------------------|----------------------------------|
|------------|------|--------|-----------------------------------|----------------------------------|

Please describe the reasons for any hospitalizations in the past year

Do you have any allergies to foods or medications?
If yes, to what?

Do you have any dietary restrictions?

If yes, please describe:

Do you have a history of seizures?

If yes, please describe:

Are you currently taking any medications?

If you are taking any (prescription or over-the-counter) medications, please state them below

Have you previously been prescribed any medications that you are not currently taking?

If yes, please state which medications and why you have stopped taking them:

Do you have any serious medical conditions or issues with mobility?

TOLL FREE CONTACT PHONE LINE IS 1-866-446-3030 EXT 306

PLEASE NOTE

Clients can be accepted into Addictions Services while on various types of medications. During the intake process, a medication review will take place by our partners at Respect Rx. All prescriptions will be transferred to Respect Rx for proper packaging and distribution.

*In medically EXCEPTIONAL circumstances, the Addiction Services clinical team may consider after Intake and medication review, that the individual may not be suited for the programs within Addictions Services.

Please note that any changes to medication(s) MUST be discussed with your primary counsellor and reviewed by our Partners at Respect Rx.

Are you in agreement to the above specifications?



The Salvation Army Ottawa Booth Centre

Do you currently use any opiate replacement therapies (ie. Methadone, suboxone)?
We welcome clients who are on opiate replacement therapies. Clients who are new to program may be referred to a doctor if they wish.

*Please be aware that clients are NOT permitted to store methadone anywhere on site. Clients must have their methadone dispensed daily from a clinic or pharmacy. Suboxone is accepted on site and is taken in front of a staff member. Additionally, clients are not permitted to start opiate replacement therapies once in Anchorage. Are you in agreement to the policies surrounding the use of opiate replacement therapies?

*Please note if you answer no to abiding by our opiate replacement therapy policies, we will not be able to accept you into the program.

Mental Health

Please Note:

Please know that a history of mental health issues does not exclude you from accessing services. In order to best meet the needs of clients in our programs, we request information regarding your mental health history.

Have you ever been diagnosed with a mental health disorder (including but not limited to anxiety, depression, ADHD, schizophrenia, etc...)

If yes, please describe:

Have you ever received treatment related to a mental health concern before?

If yes, please state where and when

Do you believe that you require mental health support?

If yes, please describe:

Have you ever had thoughts of suicide?

Have you ever attempted suicide?

If yes, Please state the number of times and date of the most recent attempt:

Do you currently have thoughts of suicide?

Employment & Education

Please Note:

While in Anchorage, clients are not permitted to work for the purpose of generating income.

Will you be able to commit to not working while in recovery within Addiction Services?

What was your previous area of work?

Education Note:

It is our mission to do our best to serve everyone, regardless of educational abilities or



The Salvation Army Ottawa Booth Centre

needs. Groups as part of Addictions Services at The Salvation Army Ottawa Booth Centre are taught using many different styles of instruction and require the ability to read and complete written work. We would like to know about any additional support you may need in order to be able to fully participate in our programs.

Do you require any assistance in being able to read or complete written work?

If yes, what do you require?

What is the highest level of education you have completed?

Have you ever been diagnosed with a learning or developmental disability?

If yes, please describe:

Legal History

Please Note:

A history of violent offences does not necessarily exclude you from participating in programming. However, we do want to gather some information in order to best serve you. Staff may also request information pertaining to criminal charges if necessary.

Are you currently involved in the legal system?

Do you have charges pending?

If yes, please state your pending charges:

Are you (or will you be) on bail, probation, or parole?

Do you have a Probation/Parole Officer or a Surety?

If yes, please provide their name and contact information:

Do you have a lawyer?

If yes, please provide their name and contact information:

Is it mandatory for you to be in a treatment program?

Have you ever been convicted of a violent offence?

If yes, please state the nature of the offence(s):

Substance Abuse

Presenting substance abuse disorder issues

| Substance of Choice | How much do you normally use at one time? | How often do you use this substance? | How do you use this substance? (smoke, inject, etc) | How long has this substance use been a problem for you? | Date of last use |
|----------------------------|--|---|--|--|-------------------------|
|----------------------------|--|---|--|--|-------------------------|



The Salvation Army Ottawa Booth Centre

Please note that the Addictions Services programs requires a minimum of 72 hours of sobriety prior to intake.

In some circumstances, staff may request clients directly from a withdrawal management service.

For clients who use marijuana, there is an expectation that urine screens will be negative for THC six (6) weeks following their intake date.

Clients may be discharged from program if urine screens after 6 weeks are not negative for THC.

Do you identify as having a co-occurring addiction (gambling, sex, shopping, etc.)?

If yes, explain:

COVID-19 Vaccination Requirements

Double vaccinated only accepted.

Are you double vaccinated?

Have you ever been to a treatment program for substance use in the past?

If yes, please complete the following table:

| Name of Agency | Dates | Length of Program | Did you complete the program? | If you did not complete the program, what was the reason? |
|-----------------------|--------------|--------------------------|--------------------------------------|--|
|-----------------------|--------------|--------------------------|--------------------------------------|--|

Please describe where you plan on going after Anchorage, (i.e other treatment programs, 2nd Stage programs)



The Salvation Army Ottawa Booth Centre

The program is located on the 2nd floor of the building and the bedrooms are shared by two to four residents each.

Are you comfortable living in a communal living setting?

Have you ever had any problems with communal living?

If yes, please describe:

In signing below, I acknowledge that all of the information in this application is true to the best of my knowledge. I also agree to all of the expectations defined in this application.

Agree: I acknowledge that all the information in this application that I have provided is true to the best of my knowledge. I also agree and consent to all of the expectations defined in this application.

Gender

How old are you today?

How many minutes did it take you to complete this survey?