



The Salvation Army Ottawa Booth Centre

ADDICTIONS SERVICES APPLICATION

IMPORTANT NOTICE: Please complete ALL sections of this application. Incomplete applications will not be processed.

⚠ ELECTRONICS INCLUDING CELL PHONES ARE NOT PERMITTED IN OUR PROGRAMS AT ANY TIME.

BASIC INFORMATION

First Name

Middle Name

Last Name

Date of Birth (DD/MM/YYYY)

Gender

How old are you today?

Source of Income

Marital Status

Street Address (Including City)

Phone Number

Can we leave messages? ☐ Yes ☐ No

Email Address

Do you identify as a member of a visible minority? ☐ Yes ☐ No

Do you identify as a person of Aboriginal descent? ☐ Yes ☐ No

Primary Language

If English is not your primary language, are you able to receive services in English? ☐ Yes ☐ No

Status in Canada: ☐ Canadian Citizen ☐ Landed Immigrant ☐ Other: _____

How did you hear about the Anchorage Program?

If other, please specify

EMERGENCY CONTACT

Emergency Contact Name

Phone Number

Relationship

PHYSICAL HEALTH

Family Doctor's Name

Clinic Address

Date of Last Visit

Reason for Visit

Number of hospitalizations in the past year

Please describe reasons for any hospitalizations:

Do you have any allergies to foods or medications? ☐ Yes ☐ No

If yes, please specify

Do you have any dietary restrictions? ☐ Yes ☐ No

If yes, please describe

Do you have a history of seizures? ☐ Yes ☐ No

If yes, please describe

Are you currently taking any medications? ☐ Yes ☐ No

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

Medication	Dose	Reason	How long have you been taking it?	Are you taking it as prescribed?

Have you previously been prescribed any medications that you are not currently taking? If yes, please state which medications you are taking and why you have stopped taking them. Do you have any serious medical conditions or issues with mobility?

If yes, please describe

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 Addiction 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 with the above specifications? ☐ Yes ☐ No

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 the program may be referred to a doctor if they wish.

If you are on opiate replacement therapy, with the support of your doctor, develop a plan in place to cut down and eventually try to stop opiate therapy use before graduation.

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?

☐ Yes ☐ No

*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. To best meet the needs of our clients in our programs, we request information about your mental health history. Have you ever been diagnosed with a mental health disorder (including but not limited to anxiety, depression, ADHD, schizophrenia, etc...

Have you ever been diagnosed with a mental health disorder? ☐ Yes ☐ No

If yes, please describe:

Have you ever received treatment related to mental health? ☐ Yes ☐ No

If yes, where and when

Do you believe that you require mental health support? ☐ Yes ☐ No

If yes, please describe

Have you ever had thoughts of suicide? ☐ Yes ☐ No

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?

☐ Yes ☐ No

Do you currently have, or have you ever had, feelings of being trapped, lonely, sad, depressed, or hopeless about the future? If yes, please select what best applies to you.

☐ Never ☐ 1 year ago ☐ 4 to 12 months ago ☐ 2 to 3 months ago ☐ Past month

☐ Other _____

Do you become distressed and upset when reminded about your past? If yes, please select what best applies to you.

☐ Never ☐ 1 year ago ☐ 4 to 12 months ago ☐ 2 to 3 months ago ☐ Past month

☐ Other _____

Do you see or hear things no one else could see or hear, or feeling that someone else could read or control your thoughts?

☐ Never ☐ 1 year ago ☐ 4 to 12 months ago ☐ 2 to 3 months ago ☐ Past month

☐ Other _____

Do you have other significant psychological, behavioral, or personal problems that you are seeking treatment or help with? If yes, please describe.

☐ Yes ☐ No

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 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Do you have charges pending? If yes, please list charges ☐ Yes ☐ No

Are you (or will you be) on bail, probation, or parole? ☐ Yes ☐ No

Do you have a Probation/Parole Officer or a Surety? If yes, please provide their name and contact information ☐ Yes ☐ No

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? ☐ Yes ☐ No

Have you ever been convicted of a violent offence? If yes, please state the nature of the offence(s): ☐ Yes ☐ No

SUBSTANCE USE

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:

Please note that the Addictions Services programs require a minimum of 72 hours of sobriety before 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 the 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:

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)

COMMUNAL LIVING

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 setting? ☐ Yes ☐ No

Have you had problems with communal living in the past? ☐ Yes ☐ No

If yes, please describe

COVID-19 VACCINATION (If applicable as per provincial health guidelines)

I confirm that I am double vaccinated against COVID-19 ☐ Yes ☐ No

***Double-vaccinated only accepted.**

DECLARATION & CONSENT

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.

Signature: _____ Date: _____

How many minutes did it take you to complete this application? _____

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