



## 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**