

# Alcohol & Drug Recovery Program

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On behalf of all our staff: Welcome to Union Gospel Mission ("the Mission," "UGM"). We are glad you're here and have chosen to make significant changes in your life. UGM recognizes this may be an overwhelming, scary, or emotional time and we are here to help you adjust; transition and succeed. In order to help you walk in your new life and reach your goals, we have developed a structured and comprehensive recovery program that offers a holistic approach to addressing your needs. We believe that abundant life can be discovered through a living faith in Jesus Christ, and that all are welcome to partake in this life He offers. In fact, our principal goals are to lead people out of addiction and into redemptive and vibrant relationships with God.

Each phase of Union Gospel Mission's Alcohol & Drug Recovery Program has been designed to help you identify and address negative life patterns and reshape them into new and healthy life habits. For this reason, we strongly encourage each resident to complete all phases of the program. Statistically, residents who graduate from the program are far more likely to succeed than residents who leave prematurely. In fact, residents who leave before addressing the full range of issues that surface during each phase are virtually certain to repeat their addictive behaviours.

**Acceptance and continuance in the Union Gospel Mission Alcohol & Drug Recovery Program will be based on whether the individual meets the established admission criteria. Program participants who are unable to adhere to UGM's principles and practices are subject to removal from the program at the discretion of authorized staff.**

## Application for Admission

Name (FIRST, MIDDLE, LAST) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_

I give consent to UGM to leave messages for me at the above numbers: YES / NO (please circle)

Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Provincial Health Care # \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Today's Date (MM/DD/YYYY) \_\_\_\_\_

Requested Admission Date (MM/DD/YYYY) \_\_\_\_\_

Clean / Sober Date (MM/DD/YYYY) \_\_\_\_\_

Drug of Choice \_\_\_\_\_

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## Motivation for Applying

Has a specific event prompted this application? YES / NO (please circle)

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen UGM's Recovery Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any **unresolved court issues**? YES / NO (please circle)

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any **mental health** diagnosis? YES / NO (please circle)

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last **Tuberculosis** Test (MM/DD/YYYY) \_\_\_\_\_ Test Result \_\_\_\_\_

What is your **current living situation**?

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Rent or Own Home           | <input type="checkbox"/> City Shelter | <input type="checkbox"/> Recovery Program |
| <input type="checkbox"/> SRO                        | <input type="checkbox"/> UGM Shelter  | <input type="checkbox"/> Detox            |
| <input type="checkbox"/> Living w/ Family or Friend | <input type="checkbox"/> Homeless     | <input type="checkbox"/> Institution      |

## Referral Information

Self-Referral? YES / NO (please circle)

### Union Gospel Mission Services (please check any that have been accessed)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Cordova Street Outreach | <input type="checkbox"/> Vancouver Drop-in       | <input type="checkbox"/> UGM Counselling Staff |
| <input type="checkbox"/> UGM Shelter             | <input type="checkbox"/> New Westminster Drop-in | <input type="checkbox"/> Mission City Drop-in  |
| <input type="checkbox"/> Mobile Mission          | <input type="checkbox"/> Other (EXPLAIN)         |  |

## External Services

Referring Professional \_\_\_\_\_

Referral Agency \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*I consent to the release of this information to Union Gospel Mission and for UGM to contact my referral / contact agency for the purpose of establishing my appropriateness for admission.*

Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_



#### Action (OFFICE USE ONLY)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Schedule Intake   | <input type="checkbox"/> Schedule Second Interview | <input type="checkbox"/> Refer to Recovery House |
| <input type="checkbox"/> Refer to Hospital | <input type="checkbox"/> Refer to Detox            | <input type="checkbox"/> Refer to Outreach       |
| <input type="checkbox"/> Waitlist          | <input type="checkbox"/> Turn-away (REASON) _____  |  |