

LYDIA HOME DRUG AND ALCOHOL RECOVERY PROGRAM

Referral and Intake:

Referrals are accepted from Detox Centers, Counsellors, Hospital Substance Abuse Teams, a variety of other sources and self referrals.

Intake Criteria:

Motivation and readiness to change, plus:

Applicant must be willing to:-

- commit to a 3 month residential program;
- abstain from alcohol and other drug use;
- refrain from violent or threatening behaviour;
- accept guidance regarding life style changes;
- participate in the 12 step programs of AA and NA.

Health Requirements:

Applicant must:

- be able to participate in a program of normal activity;
- not be suffering from an actively contagious disease (risk to others)
- not require medication that will interfere with sobriety (see medications below)

Medications:

Lydia Home **will accept** clients with **medications** for diagnosed conditions; these medications are:

Serotonin uptake inhibitors (Prozac, Zoloft, Paxil)

Tricyclic antidepressants (provided that there is no mood or cognitive impairment)

Non-steroidal anti-inflammatories (Naproxen, Ibuprofen, Toradol)

Anti-psychotics (provided there is no mood or cognitive impairment)

Some medications that are not acceptable for clients of the Lydia Home Recovery Program are:

Benzodiazepenes

Opiate pain medications (Tylenol 3, 222's, etc.)

Alcohol or opiate based cough medications

Antihistamines

List all other professionals (e.g. parole officer, counsellor) you are currently involved with:

Name: _____	Title: _____	Phone: _____
Name: _____	Title: _____	Phone: _____
Name: _____	Title: _____	Phone: _____

Explain your reasons for coming to the UGM Recovery Program at this time: _____

Do you have any health problems? Please describe: _____

Are you able to participate in work duties? _____

Are you currently taking any medication? If no, have you taken within the past year? _____

Please list any counselling or psychiatric treatment you have received in the past: (name of agency, counsellor, psychiatrist, mental health worker and diagnosis; reason for care)

Have you ever had thoughts of harming or killing yourself? _____

When do these thoughts occur? _____

Do you have these thoughts now? _____

What has been your primary source of income during the last 6 months? _____

If working, what type of job was it? Is it a job you would like to continue doing? If not, what would you like to do? _____

Describe your current living situation and are you satisfied with it? _____

Do you have any outside problems or issues that might prevent you from completing the program? (relationships with partner, parents, kids, money, job, home, etc.) _____

Describe any concerns you may have about your relationship with family and/or friends: _____

Have your family and/or friends influence you to seek recovery? If so, how? Are they supportive of you being in recovery? _____

Where do you go for personal support? _____

List any current activities, interests, and hobbies you are involved in: _____

Do you currently have a religious/spiritual affiliation? If so, what is it? If not, have you in the past? _____

What was the highest grade you completed in school? Have you received any additional training? Are you interested in continuing your education? _____

Describe how you express your anger: _____

Do you have any current legal charges, court dates or on probation? If yes, please list. _____

SUBSTANCE USE HISTORY

When was the last time you used prescription or street drugs or alcohol? _____

Describe how your substance misuse has affected your physical, emotional, and spiritual health: _____

Have you attended any substance abuse education programs, any substance abuse treatment programs, or AA, NA, etc? When, where, etc.: _____

- What are the reasons for your continuing use? (Give personal examples)
- Relieve negative feelings/emotions (i.e. loneliness, anger, sadness, fear, anxiety, etc) _____

 - Pleasure (i.e. fun, sex, etc) _____

 - Self-medicate (i.e. reduce physical pain, help sleep, mental health issues, etc.) _____

- Social pressure (i.e. feel part of the crowd, friends, talk with strangers, etc.) _____

- Any other reason that may not be listed above _____

Have you tried to manage the problems mentioned above without using drugs/alcohol? If so, describe how you have done this. _____

Where do you use most often? With whom do you use most often? _____

When are you least likely to use? (i.e. times of day, around certain people, etc.) _____

Do you act differently when you are using? If so, how. (Be specific) _____

What is the longest period of time that you have gone without using drugs or alcohol? When was this? _____

What were you doing? What was helpful and useful to you during this time? _____

Are you on a methadone maintenance program? _____

What resources, strengths, abilities, and support systems do you have in place that would help you in making positive lifestyle changes? _____

I, _____ (PLEASE PRINT) being in need of help, ask to be admitted to the Union Gospel Mission Lydia Home.

Signed this _____ day of _____, 20____

Signature: _____

	Check if use	Age first used	Problem by	Duration	Frequency	Amount

SUBSTANCES						
Alcohol Products:						
Marijuana/Hashish						
Cocaine/Crack						
Ritalin						
BENZODIAZAPENES						
Valium/Clonazepam/Librium						
Serax/Ativan						
OPIATES						
Morphine						
Heroin						
Codeine						
SYNTHETIC OPIATES						
Percocet/Percodan						
Talwin\Demerol						
Florinal/Leritine						
Methadone						
Dilaudid						
OTHERS						
LSD/Mescaline						
MDA						
Mushrooms						
Crystal Meth/Speed/ Whites						
Glue/Solvents						
PRESCRIBED						
<u>OTHER</u>						

INFORMATION RELEASE

I, _____, hereby
give authorization to my counselor at Lydia Home,
based at 33170 – 7th Avenue in Mission to obtain any
information about my personal history.

Signed: _____

Title: _____

Date: _____

INCOME VERIFICATION Union Gospel Mission Housing Society

Section I

Please check (✓) and fill out **ONE ONLY** of the following

- A. **MSSH Recipient** Office: _____ Worker: _____ Phone: _____
- B. **UIC Recipient** UIC Number: _____
 UIC Gross Weekly Income: _____ Date Commenced: _____
- C. **Pension Recipient**: (Specify eg: OAP, CPP, etc.) _____ Pension Income: _____
- D. **Employment Income**:
 Place of Employment: _____ Supervisor: _____
OR Type or Source of Income: _____ Phone No. _____
 Gross Monthly Income: _____ Date Commenced: _____
- E. **No Income**: Do not fill in if you have received money but it was lost, stolen, spent, etc.

This is to certify that I, the above named, have not received **any income** nor will I receive any for the present month. The reason being: _____

Section II

Name: _____ S.I.No. _____ D.O.B. _____
Month Day Year

(Please Print)

I understand that the Union Gospel Mission is a religious and charitable organization, and that this Mission is dedicated to helping socially, physically and spiritually, those people in need of such help.

I further understand that under no circumstances can the Union Gospel Mission be under any obligation to me, and that I am a beneficiary and not an employee of this Mission.

I further understand that my being able to stay here depends upon my willingness to help myself and others staying here, including doing voluntary work that is assigned to me; and also depends upon my continued need of help.

I agree for myself, my heirs or assignees, that should any accident happen, involving personal injury to myself, or loss or damage to my property during my stay in this Mission, to hold the Union Gospel Mission free and harmless from any and all liability in connection therewith.

I understand that, should I leave the Mission voluntarily, or be evicted for violating Mission rules, at any time of the month other than the last day of the month, that I am NOT entitled to a refund on rent. I further understand that I am entitled to a refund on the balance of my food money and that said refund will be sent to my M.S.S.H. office. I understand that only when I pay my food money in cash will I personally receive the refund.

Signed: _____ **Dated:** _____,
20____. (Signature)

OFFICE USE ONLY

Letter Sent to: _____ Date: _____

Letter & Receipt Sent to: _____ Date: _____ program
 docs/intakes/incomeverification.doc

**LYDIA HOME RECOVERY PROGRAM
 CLIENT'S CONTRACTUAL RULES OF AGREEMENT
 Revised January 2014**

It is your responsibility to know the rules and all requirements for your program – if you have any questions please see your Counselor. Infractions may result in dismissal from the program.

PRINCIPLES AND PRACTICES

Lydia Home is a supportive Christian community and actions (i.e. Creating Chaos) that disrupt the recovery or peaceful enjoyment of others will not be tolerated. Situations that may be cause of your dismissal are as follows:

1. Violence, threats of violence or verbal abuse to other clients, staff or volunteers will not be tolerated.
2. Any evidence of a rebellious attitude and/or lack of recovery progress as observed by the staff are not acceptable.
3. Refusal to comply with Lydia Home “house” rules, i.e. Smoking restrictions, laundry room hours (full loads only), completing your chores as laid out weekly.
4. The use of personal computers, TV’s, Cell Phones and vehicles is not permitted.
5. Lack of attendance, promptness, participation or performance in scheduled activities, classes and /or scheduled work duties.
6. You are to be responsible for being in classroom ‘on time’ during class times and you are to inform your Counselor of anything that might hinder your attendance in class.
7. You **MUST** have permission to be excused, even when sick.
8. You are to be in attendance for all meals unless pre-arranged otherwise. Other than when performing kitchen duties you **NEED PERMISSION** to enter the kitchen.

Fridge and freezer are OFF LIMITS. You must ask staff for what you require. There is a small frig for client use in dining room.

9. Only water and popcorn are allowed upstairs. Food is to be eaten at the dining room table always. This includes snacks.
10. No evening snacks after 10pm weekdays & 11pm weekends.
11. While you are a resident here you are required to dress modestly. You are required to wear underwear. Your midriff and brassiere straps are to be covered at all times.
12. You are to wear a robe over your nightwear when leaving your room. During the day you are to be fully dressed as this is also the entrance area.
13. Bedtime is one hour after your curfew time which is 11 pm Sun -Thurs and 12 pm Friday and Saturday evening. **NO SMOKING IS ALLOWED AFTER CURFEW TIMES.** This is applicable through all seasons.
14. There is no napping allowed on the couches in the living room. Out of consideration for others if you want to nap please go to your room.
15. You are to remain in your rooms until **6:15 am** the following morning. If you have an emergency then come and talk to the night time staff.
16. The telephone may go up after class hours which is 3 pm. And it must be brought down at curfew times...On weekends the phone is not to be taken upstairs until 9 or 10 am. (As a courtesy to others who are still sleeping in). And there will NOT be access to Office phone either. **UNLESS** in the Case of **EMERGENCY**. The staff on duty at the time will make that decision.
17. Prescribed and over the counter medications, including vitamins, must be immediately surrendered to the office for safekeeping. Sharing medication, **INCLUDING** vitamins or over the counter drugs are grounds for dismissal.
18. Right after devotions you are to pick up your meds for the entire day and evening.
19. Some classifications of over the counter or prescription meds are not permitted in this facility. For example; Opiate pain medications (Tylenol 3's, 222,s, etc.) Alcohol or opiate based cough medications, benzodiazepines and antihistamines (except for someone with allergies and with prior permission.
20. Any possession of use of alcohol or drugs (prescribed or street) will result in immediate dismissal from the program.
21. Your main priority while at Lydia Home is focusing on your recovery. For that reason jobs or outside commitments, including volunteer hours, which will interfere with classes, program or therapy assignments are not permitted.
22. The TV may only be on after 3 pm Monday to Friday as well as off at meal times. It is to be turned off at 11 pm Sunday to Thursday and 12 pm on Friday and Saturday.
23. No DVD's or CD's are to be brought in with you. TV programs or movies that have inappropriate behavior, coarse language or nudity are not acceptable for viewing while here. Staff will monitor TV choices.
24. Lydia Home is a Christian recovery program and **ALL** forms of pornography, occult material and other practices contrary to generally accepted Christian ethics are prohibited.

25. All medical appointments are to be made by you for out of program hours and staff needs to be informed. Your Counselor may request you to have a physical exam as soon as possible.
26. Physical intimacy is not permitted as it distracts from recovery. Intimate physical relationships are best delayed until MUCH later in recovery.
27. Theft or destruction of Lydia Home or other personal property is prohibited and is grounds for immediate dismissal. You are to LOCK your door each time you leave your room.
28. Bedrooms are to remain with the layout as you find it. Nothing is to be tacked or taped to the walls. That is what the Cork Board is for.
29. Upon the day of your graduation (or dismissal) you are responsible for doing the laundry off your bed. Do not take off mattress cover. Cleaning the room thoroughly by dusting and washing floors, sills and floor boards, dressers and table. Key is to be returned to the office.
30. Absences and receiving visitors are a privilege and require prior approval by your Counselor. Visitors must be pre-approved by your Counselor and passes are to be submitted for approval by THURSDAY Noon. Visits must take place in the designated area - main floor or deck - on Sundays between 1 pm and 4 pm. NO visitors allowed upstairs at any time.
31. During the 1st week in the program residents are not to leave the premises without prior permission. They may attend only meetings or church with a buddy and return immediately. Also during the first week there is NO telephone contact either with incoming or outgoing calls.
32. Until the end of the fourth week a buddy has to accompany the resident whenever they leave the premises.
33. Absences exceeding 2 hours must be pre-approved by your Counselor.
34. You must sign the log sheet YOURSELF every time you leave the premises and again when you return.
35. Curfew times are 10 pm Sunday to Thursday and 11 pm Friday and Saturday. Bedtimes are 11 pm Sunday to Thursday and 12 pm on Friday and Saturday.
36. Overnight absences without permission will result in immediate dismissal from the program.
37. Lydia Home staff reserve the right to search rooms and personal belongings as a part of the INTAKE process. As well as doing spot room searches and chore checks at their discretion any time thereafter.
38. Lydia Home staff reserve the right to administer random alcohol and drug testing throughout a resident's stay. Refusal to submit to such testing will result in immediate dismissal from the program.
39. Residents are required to see their counselor at least 1 hour per week and required to attend a minimum of 5 AA/NA meetings per week.

The rules and regulations are put in place to help you know the boundaries and limitations that are expected of you during your stay. This is your home but you are sharing with others which can be an adjustment. Kindly remember to practice patience and consideration for others. We

want your time here to be productive and laying out the ground rules allows you to work more fully on your recovery.

I understand that maintaining my residency in Lydia Home is conditional upon keeping the principles and practices above at the discretion of the staff.

Signature of Client.

Witness

Date

TO WHOM IT MAY CONCERN

RE: Union Gospel Mission's Alcohol and Drug Recovery Program

Lydia Home is a three month long live -in program for women seeking freedom from addiction. There is the option to stay longer if the individual desires.

As part of the program, residents must attend at least 5 AA/NA meetings per week and work on the 12 Steps. There are also classes each day covering topics such as relapse prevention, healthy relationships, goal setting, anger management and other issues relevant to living a healthy, addiction free lifestyle. Each resident must also meet with her counsellor at least once per week for individual counselling.

Residents also study their relapse warning signs and write a recovery/relapse prevention plan before they graduate. As well, residents are periodically drug tested. For the first four weeks the resident's outings are very restricted time-wise.

The cost is \$550 per month. The total for 3 months is \$1650.00.

Please call if you have any questions!

Sincerely,

Karen Flanagan

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