

Men's New Life in Christ Program
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Application for Residency of Union Gospel Mission's Men's Addictions Recovery Program

Date of Application: _____

Applicant's Name: _____ D.O.B. _____ (month/day/year)

Marital/Relationship Status: Single Married Separated Divorced Widowed Common –Law
 Other

Phone number(s) where you can be reached. 1) (____) _____ 2) (____) _____
3) Cell#: _____

Current address: _____
Renting: Yes EIA: ___ Private: ___ No

Contact person: Name: _____ Relationship to you: _____
Phone #: (____) _____

Have you previously filled out an application form for entering Charis Centre? Yes No
If yes, approx. date of application: _____

Have you been admitted to Charis Centre before? Yes No if yes, date of residence at CC: _____
Recovery Chaplain Name: _____

Referred to Charis Centre by: _____ (self, agency, friend, etc.)
Contact's phone number: _____

Do you have relatives/friends currently (or past) residing at Charis Centre? If so, who?

Why do you want to live and participate in the Charis Centre Recovery Program?

What would you like to accomplish during your stay at the Charis Centre?
B.R.E.A.T.H (minimum of 30 days) _____ HEART (long term) Yes No Undecided

Do you agree to participate in a Biblically-based recovery program? Yes No

Church affiliation, if any? _____ List any previous involvement: _____

Health

Do you have any specific health problems? Yes No If yes, please explain.

Date of last physical completed: _____ Date of last dental exam: _____ (can be approx.)

Do you have any immediate medical needs? Yes No i.e. Surgery, physiotherapy, chiropractic, allergies (epi pen) etc.

List Medical Appointments:

Do you have any immediate medication needs? Yes No

***List all medications you are currently taking on the sheet provided at the back of the application form.**

Are you pregnant? Yes No Maybe If yes, what is your due date? _____ Birth Alert Yes No Maybe

Are there any specific concerns in regards to your pregnancy? Yes No If yes, please explain.

Mental Health

Do you experience any mental health issues? Yes No Diagnosed Yes No
Specify: _____ Schizophrenia: Yes No Depression Yes No Anxiety Yes No

Eating disorders? Current: yes / no Past: yes / no Explain:

Have you ever attempted suicide? Yes No If yes, date of last attempt: _____ Explain:

Hospitalized for suicide attempt Yes No

Psychiatrist _____ Psychologist or Mental Health Worker _____

Phone #: _____

If yes, where did or do you receive treatment? _____

Date of last appointment: _____

M.H.S.C. (6 digit registration #) _____ (9 digit I.D. #) _____

Family Doctor's Name: _____ Phone #: _____ Clinic: _____

We require residents to do daily chores. Can you participate in the chore system? Yes No Any limitations?

**Please note, failure to comply with chore requirements as arranged could result in exiting the program.*

Abuse

Have you been sexually abused? Yes No In childhood Yes No In adulthood Yes No
Treatment Yes No

Have you ever been in an abusive relationship? Yes No If yes, describe the abuse: physical emotional

Name: _____ Relationship: _____

Current restraining Order: Yes No If yes, explain (name and terms): _____

Date order was issued: _____

Addiction History

Do you use: Alcohol? Yes No Frequency of use: Daily Binge How long: _____

Last drink: _____ Longest period of sobriety: _____

Substances? Yes No what is your drug of choice: _____ How long have you used? _____

Last use: _____ Longest period of being clean: _____

Previous drug use? Yes No List substances: _____

Do you smoke? Yes No Gambling? Yes No How long have you been gambling? _____

Have you every completed a drug or alcohol treatment program? Yes No When? _____

Where? _____

Charis Centre is a drug/alcohol free environment. We will do random drug/alcohol testing. We do not allow residents to use any type of alcohol or substance. It is your responsibility to remain clean and sober while you reside at the Charis Centre. Failure to do so may result in exiting the program immediately.

Can you comply with these rules? Yes No

Payment for treatment (room and board, courses, counselling)

Source of Income: EIA - yes / no / pending Disability - yes / no / pending Private Band Other

EIA #: _____ Direct Deposit Yes No EIA Worker's: Name/Ph. #/Address: _____

Upcoming EIA Appointment? Yes No If yes, Date/Time: _____

Other

Have you ever been convicted of: criminal charges? Yes No
Arson: Yes No Sexual Offence: Yes No

Dates and offenses of criminal record:

Current Criminal Charges: Yes No Explain:

Are you on: Bail Yes No Probation Yes No

Name/Phone #/Address of P.O.: _____

Name/Phone # of lawyer: _____ List all upcoming court dates/appointments with P.O., lawyer, etc. (Include a brief explanation of each)

Highest Education Level Achieved: _____

Height _____ Weight _____ Eyes (Colour) _____ Hair (Colour) _____ Glasses Required: Yes No

Treaty Status? Yes No Band Name: _____ Treaty # _____

Scars: _____

Tattoos: _____

Children

If applicable, name, birth date, age, current custody arrangement of your children under 18 years old.

First & Last Name	Gender	Birth Dates	Age	Current Custody Arrangement i.e. Temp/VPA/Permanent

CFS Worker: Name: _____ Phone number: _____

Agency Name and Contact Information: _____

Upcoming CFS Court Dates: _____ CFS Lawyer Name/Phone: _____

Medication

Use this space to list all medication you are currently taking:

Medication Name	Purpose	Dosage Amounts/Frequency Taken

Are you on any of the following opioid replacement treatments: Suboxone, Methadone, or Sublocade? If yes, please specify: _____

I _____ (print name) verify that all the facts in this application accurately reflect my present situation.

I understand that **failure to disclose all pertinent information or falsification of information** given in the application may result in my immediate exit from the Charis Centre program.

_____ (Signature of Applicant)

For Charis Centre Office Use Only:

Booked Date of Admission Yes No If yes, date/time: _____
If no, why not? _____
Waiting List: Yes No

Financial Arrangements: EIA Pending Private

Admission Day: Tested clean: Yes No If no, positive for: _____ Meds: Yes No

Re-booked: 1. _____
2. _____
3. _____
4. _____
5. _____