Union Gospel Mission

320 Princess Street P.O. Box 1073 Station Main, Winnipeg, Manitoba R3C 2X4

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Application for Union Gospel Mission's Men's Addictions Recovery Program

Instructions for Completing this Application

1.) Complete all areas of this application so it can be processed
2.) Some areas of this application require you to circle yes, or no, or to circle all that apply
3.) Please review the application when completed and then bring it in person, fax, or email it to Union Gospel Mission

General Information

Date of Application _____, _____, _____
Day Month Year

Applicant's Name _____, _____, _____
Surname Middle Name Given Name

Date of Birth _____, _____, _____ **Highest Education Level Achieved** _____
Day Month Year

Height _____ **Weight** _____ **Eye Colour** _____ **Hair Colour** _____ **Eye Glasses Required** (Circle) Yes, or No

Treaty Status (Circle) Yes, or No **Band Name** _____ **Treaty Number** _____

Relationship Status (Circle All That Apply) Single, Married, Common-Law, Separated, Divorced, Widowed

Telephone Numbers 1.) (_____) - _____ - _____ **2.)** (_____) - _____ - _____

Current Address _____

What is your Housing Situation? (Circle) Renting, Own Home, or Other **Please Explain** _____

Are you on Employment Income Assistance (EIA)? (Circle) Yes, or No **Please Explain** _____

Contact Person _____, _____ **Relationship to You** _____
Surname Given Name

Telephone Numbers 1.) (_____) - _____ - _____ **2.)** (_____) - _____ - _____

Have you previously filled out an application for Union Gospel Mission's Men's Recovery Program? (Circle) Yes, or No

If Yes, what was the approximate date of the application? _____, _____, _____
Day Month Year

Have you previously been accepted into Union Gospel Mission's Men's Recovery Program? (Circle) Yes, or No

If Yes, what was the date of residency? _____, _____, _____
Day Month Year

Which Recovery Chaplain were you assigned to? _____, _____
Surname Given Name

Who referred you to Union Gospel Mission? _____, _____
Surname Given Name

Telephone Numbers 1.) (_____) - _____ - _____ **2.)** (_____) - _____ - _____

Email Address _____

Do you have relatives, or friends who are residents at the Union Gospel Mission Men's Recovery Program? (Circle) Yes, or No

Name _____, _____ **Name** _____, _____
Surname Given Name Surname Given Name

Do you know anyone who was a previous resident at the Union Gospel Mission Men's Recovery Program? (Circle) Yes, or No

Name _____, _____ **Name** _____, _____
Surname Given Name Surname Given Name

Why do you want to live and participate in the Union Gospel Mission Men's Recovery Program?

Please Explain _____

What would you like to accomplish during your stay with Union Gospel Mission? What are some of your Goals?

Please Explain _____

Do you agree to participate in a Biblically-based recovery program? (Circle) Yes, or No

What is your church affiliation? _____ **List any previous church involvement** _____

Physical Health

Do you have any specific health problems? (Circle) Yes, or No **If Yes, Please Explain** _____

Date of last physical _____, _____, _____ **Date of last dental exam** _____, _____, _____
Day Month Year Day Month Year

Do you have any immediate medical needs such as allergies, or medical conditions? (Circle) Yes, or No

If Yes, Please Explain _____

List Current Medical Appointments _____

Do you have any immediate medication needs? (Circle) Yes, or No

If Yes, Please Explain _____

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

Do you have any Scars? (Circle) Yes, or No **If Yes, Please Explain** _____

Do you have any Tattoos? (Circle) Yes, or No **If Yes, Please Explain** _____

Mental Health

Do you experience any mental health issues? (Circle) Yes, or No **Have you been diagnosed?** (Circle) Yes, or No

Please Specify _____

Schizophrenia (Circle) Yes, or No **Depression** (Circle) Yes, or No **Anxiety** (Circle) Yes, or No

Mood Disorders (Circle) Yes, or No **Post-Traumatic Stress Disorder** (Circle) Yes, or No **Other** (Circle) Yes, or No

Please Explain _____

Do you currently have an Eating Disorder? (Circle) Yes, or No **If Yes, Please Explain** _____

Have you had an Eating Disorder in the Past? (Circle) Yes, or No **If Yes, Please Explain** _____

Have you ever attempted suicide? (Circle) Yes, or No **If Yes, Please Explain** _____

If Yes, date of last attempt _____, _____, _____
Day Month Year

Have you been hospitalized for a suicide attempt? (Circle) Yes, or No

If Yes, where did or do you receive treatment? _____, _____, _____
Day Month Year

Date of last appointment _____, _____, _____
Day Month Year

Psychiatrist _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Psychologist _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Counsellor _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Manitoba Health Card - M.H.C. (6 Digit Number) ____ ____ ____ ____ ____ ____

Personal Health Identification Number - PHIN (9 Digit Number) ____ ____ ____ ____ ____ ____ ____ ____ ____

Doctor's Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Clinic Name _____

We require residents to do daily chores. Can you participate in the chore system? (Circle) Yes, or No

Do you have any physical limitations? _____

Please note, failure to comply with chore requirements as arranged could result in being asked to exit the program.

Abuse

Have you been sexually abused? (Circle) Yes, or No **In childhood** (Circle) Yes, or No **In adulthood** (Circle) Yes, or No

Did you receive treatment? (Circle) Yes, or No **Have you ever received mental health counselling?** (Circle) Yes, or No

Have you ever been in an abusive relationship? (Circle) Yes, or No **If Yes, describe the abuse** _____

Please Explain _____

Name _____, _____ **What is their relationship to you?** _____
Surname Given Name

Current Restraining Order (Circle) Yes, or No **If Yes, Please Explain** _____

Name _____, _____ **Terms of restraining order** _____
Surname Given Name

Date the restraining order was issued _____, _____, _____
Day Month Year

Addiction History

Do you use Alcohol? (Circle) Yes, or No **Frequency of use** (Circle all that apply) Daily, Binge, or Other

How long have you consumed Alcohol? _____ _____ _____ _____
Days Weeks Months Years

When was your last drink? _____, _____, _____
Day Month Years

What is your longest period of sobriety? _____ _____ _____ _____
Days Weeks Months Years

How long have you used? _____ _____ _____ _____
Days Weeks Months Years

Last use? _____, _____, _____ **Longest clean?** _____ _____ _____ _____
Day Month Year Days Weeks Months Years

What substances have you used? _____, _____, _____, _____

What is your drug of choice? _____, _____, _____, _____

Do you Smoke? (Circle) Yes, or No **How long have you been Smoking?** _____ _____ _____ _____
Days Weeks Months Years

Do you Gamble? (Circle) Yes, or No **How long have you been Gambling?** _____ _____ _____ _____
Days Weeks Months Years

Have you ever completed a Drug or Alcohol Treatment Program? (Circle) Yes, or No

Date _____, _____, _____ **Program Name** _____
Day Month Year

Location _____, _____, _____
Town, or City Province Country

Personal Supports

Other Sources of Income (Circle all that apply) **Employment Income Assistance EIA** (Circle) Yes, No, or Pending

Disability Claim (Circle) Yes, No, or Pending **Private** (Circle) Yes, or No **Band** (Circle) Yes, or No **Other** (Circle) Yes, or No

Please Explain _____

Employment Income Assistance EIA Number _____ **Direct Deposit** (Circle) Yes, or No

Employment Income Assistance EIA - Worker

Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Email Address _____

Mailing Address _____

Upcoming Employment Income Assistance EIA Appointment? (Circle) Yes, or No

If yes, what date? _____, _____, _____
Day Month Year

Have you ever been convicted of criminal charges? (Circle) Yes, or No

Arson (Circle) Yes, or No **Sexual Offence** (Circle) Yes, or No **Fraud** (Circle) Yes, or No **Racketeering** (Circle) Yes, or No

Kidnapping (Circle) Yes, or No **Embezzlement** (Circle) Yes, or No **Insider Trading** (Circle) Yes, or No **Theft** (Circle) Yes, or No

Please list the dates and offenses of your criminal record

Date _____, _____, _____ **Offense** _____
Day Month Year

Date _____, _____, _____ **Offense** _____
Day Month Year

Date _____, _____, _____ **Offense** _____
Day Month Year

Date _____, _____, _____ **Offense** _____
Day Month Year

Current Criminal Charges (Circle) Yes, or No **Please Explain** _____

Are you on Bail? (Circle) Yes, or No **Are you currently on Probation?** (Circle) Yes, or No

Parole Officer

Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Email Address _____

Mailing Address _____

Lawyer

Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Email Address _____

Mailing Address _____

List all upcoming court dates and appointments with your Parole Officer, your Lawyer, and etcetera. (Briefly explain each)

_____

_____

Children and Dependents

If applicable, please provide the following information. The name, birth date, age, current custody arrangements of your children under 18 years of age.

Surname, Given Name	Gender	Birth Date	Age	Current Custody Arrangements

Child and Family Services CFS Worker

Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Email Address _____

Mailing Address _____

Upcoming Child and Family Services CFS Court Dates

_____

Child and Family Services CFS - Lawyer from Child and Family Services

Name _____, _____ **Telephone Number** (_____) - _____ - _____
Surname Given Name

Agency Name _____

Email Address _____

Mailing Address _____

Medications

Please use this space to list all medication you are currently taking.

Medication Name	Purpose	Dosage	Frequency

Please Read Carefully Union Gospel Mission is a Drug, and Alcohol Free Environment. We will do Random Drug and 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 mission. Failure to do so will result in being asked to exit the program immediately.

Can you comply with these rules? (Circle) Yes, or No

Please Print, I, _____, _____ verify that all the information that I have submitted in this
Given Name Surname
application accurately reflect my present situation. I understand that failure to disclose all pertinent information, or falsification of facts contained within this application may result in my immediate departure from the Union Gospel Mission's Men's Recovery Program. Please sign this document if you are in agreement with the above information.

Signature _____ **Date** _____, _____, _____
Day Month Year

Thank You for Completing this Application

- **Please take note that you are taking a step in the right direction**
- **Know that God loves you and there are people who want to see you live sober and do well**
- **Review the completed application and then bring it in person, or email it to Union Gospel Mission**

For Office Use Only

Do Not Write on This Page

The Application Summary Below is to be Completed by a Chaplain Team Member

Date of Application _____, _____, _____
Day Month Year

Name _____, _____ **Date of Birth** _____, _____, _____
Surname Given Name Day Month Year

Telephone Number (_____) - _____ - _____ **Message Left** _____, _____, _____
Day Month Year

Date of Interview _____, _____, _____ **Date of Admission** _____, _____, _____
Day Month Year Day Month Year

Admission Accepted (Circle) Yes, or No **Time of Admission** (Circle) 10:00 AM, or 11:00 AM

Financial Arrangements Completed (Circle) Yes, or No **Source** (Circle) Private, EIA, or Pending

Tested Clean at Admission (Circle) Yes, or No **Tested Positive for Medication** (Circle) Yes, or No

Reason if Application was not accepted _____

_____

_____

Additional Comments _____

_____

_____

Staff that were present during application interviews - Resident Supervisor, Princess Street Manager, or Chaplain

Please Print _____, _____ **Signature** _____
Surname Given Name

Please Print _____, _____ **Signature** _____
Surname Given Name

Please Print _____, _____ **Signature** _____
Surname Given Name

Please Print _____, _____ **Signature** _____
Surname Given Name