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Hope and Belonging

For Referral: Applicant Inclusionary Criteria

- ☐ 19+ year old Women
- ☐ Moderate – Severe Substance Use Disorder

New Roads welcomes applications for individuals with:

- ☐ Experience with Homelessness
- ☐ Interaction with the Criminal Justice System

WOMEN'S THERAPEUTIC RECOVERY COMMUNITY (WTRC)

94 Talcott Road, View Royal, V9B 6L9

Tel: 250-940-5080 Ext. 4729

Fax: 778-247-2068

E-mail: shelbyt@ourplacesociety.com

Referral date:	Referrer name (self or other):
Referral source (self of other):	Applicant Release date:
Email:	Contact number:
Do you have records to forward with this application upon acceptance into the TRC with ROI complete? Yes No	If yes, please specify:

Applicant information:

Last Name	First Name	Middle Name
Date of Birth (dd/mm/yy)	SIN	PHN
Family Status	Ethnicity	Band Name and #

Source of Income:

☐None ☐Employment ☐INAC Band ☐Old Age Security (OAS)
☐Income Assistance (IA) ☐IA-PPMB (DB1) ☐IA-PPMB (DB2) ☐Canada Pension Plan (CPP)
☐Persons with Disabilities (PWD) ☐Other:_____

What is client's current housing/living situation?	Do you have any identification?	
Is client facing any immediate safety risks?	Are you currently pregnant? Yes ☐ No ☐ Not sure ☐ If yes, when is your due date?	
Allergies:	Dietary needs/nutritional needs?	When were you last tested for TB?
Mental Health Issues (schizophrenia, bi-polar, OCD, depression, eating disorder, other)		
Physical Health Issues (mobility limitations, acute injuries or infections, chronic conditions, other)		
Please list any **medication** and (dosage), including methadone/suboxone		
Doctor:	Dentist:	
Psychiatrist:	Other (i.e., counsellor):	

Is there anything that you need help with immediately? (Appointments, belongings, reminders, probation order, etc.)
Substance Use of Choice: Date of last use:
Previous and/or current treatment for addiction/mental health? (i.e., group therapy, individual therapy, A.A, N.A etc.) Please include therapist names, locations, and dates if possible.
Barriers/Considerations (i.e. mental health/risks/no prior employment/learning disability):
Why do you think you will be a good fit for New Roads WTRC at this time? (i.e. strengths, values):
What do you hope to achieve through the New Roads process? (i.e. short-term and long-term goals):
I have received, read, and understand the Women's Therapeutic Recovery Community Resident Handbook. Name:_____ Signature: _____

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NEW ROADS WOMEN'S THERAPEUTIC RECOVERY COMMUNITY

CLIENT CONSENT FOR COLLECTION AND DISCLOSURE OF INFORMATION

- I _____ of _____
  (first, middle, last name) (Current Residence or NFA)

  Date of Birth: _____ PHN_____
  (health number)

- The following information may be collected and disclosed about me:

    - Information on the Therapeutic Recovery Community referral form
    - Information on Island Health records that pertain to mental health and substance use, as well as records regarding physical health conditions that relate to current care needs
    - Information provided in assessments required for services
    - Additional information as specific below:

__Client History_____

Consent to the collection and disclosure of information for the purpose of assisting in my recovery about me from or to:

New Roads Women's Therapeutic Recovery Community and:

- This information may only be collected from or disclosed to:

_Island Health, Community Corrections _____

Signature of client: _____

Print client name: _____

Signature of witness: _____

Print witness name: _____

Date signed: _____

Consent for disclosure of Client Information is in effect until discharge from New Roads or until such time as the resident withdraws consent.