



**RUTH & NAOMI'S MISSION**  
30-Day Residential Program

**Client Intake Application Form**

**Application Date** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

DOB: MM \_\_\_ DD \_\_\_ YY \_\_\_ Birthplace \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Contact Information: (phone, fax, email) \_\_\_\_\_

Gender:  Female  Transgendered Male to Female  Male  Transgendered Female to Male

Ethnicity:  First Nations (Band: \_\_\_\_\_)  Metis  Caucasian  East Indian  Asian  Other: \_\_\_\_\_

S.I.N. (or other ID): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Living situation last night (night before program entry):**

- Emergency Shelter including hotel or motel paid for by social services  Hotel or motel (where? \_\_\_\_\_)
- Transitional housing including SROs  Psychiatric Unit at Hospital  Hospital (non-psychiatric)  Detox facility
- Substance/recovery treatment centre (where? \_\_\_\_\_)  Jail, prison, correctional facility (where? \_\_\_\_\_)
- Rental housing  Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house  Own home/parents' home
- Place not meant for habitation (a vehicle, abandoned building, bus/train/airport, tent city or anywhere outside)

**Length of stay at "living situation last night":**

- One week or less  More than one week but less than a month  One to three months
- more than three months but less than a year  One year or longer

**Extent of Homelessness:**

- First time  1-2 times in the past  3 times in the past three years  Chronic: 4 or more times in the past three years

**Reasons for current situation:**

- Domestic Violence  Health/Safety  Mortgage foreclosure  Mental Health  Learning Disability  Eviction
- No Affordable Housing  Substance Misuse  Substandard Housing  Release from Corrections Facility
- Utility Shut-off  Criminal Activity  Medical Condition  Can't read or write  Underemployment/Low Income
- Bedbugs/other infestations (if so, which and how long ago?)

**Domestic Violence Information:**

Are you a domestic Violence Victim?  Yes  No  
 If yes, extent of domestic violence:  
 within the past three months  three to six months ago  six to twelve months ago  more than a year ago  
 Overview of domestic violence:  
 \_\_\_\_\_

**What are your goals for your stay in our 30-day program?**

- find permanent housing                       find employment                       attend to mental health care needs
- prepare for long-term recovery in our Step-Up Residential Recovery Centre
- Other: \_\_\_\_\_

**Sources of Income:**

- No Financial Resources     Income Assistance - welfare (Basic)     Income Assistance - welfare (Disability)
  - Employment Insurance (EI)     Canada Pension Plan (CPP)     Private Disability Insurance     Worker's Compensation (WCB)
  - Spousal Support     Employment (where? \_\_\_\_\_) and (how much \_\_\_\_\_)
- TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

RAN Mission's residential programs are funded through the BC Ministry of Health and BC Housing for those on Income Assistance. As a resident, all your costs are fully provided for and the Ministry will issue you a Comforts Allowance of \$95 per month.

**Education:**

- No Schooling completed                       9<sup>th</sup> Grade                       High School Diploma
- Elementary to 4<sup>th</sup> Grade                       10<sup>th</sup> Grade                       GED
- 5<sup>th</sup> or 6<sup>th</sup> Grade                       11<sup>th</sup> Grade                       Post-Secondary School
- 7<sup>th</sup> or 8<sup>th</sup> Grade                       12<sup>th</sup> Grade, (No Diploma)

Are you in school or working on a certificate or degree?  No     Yes    If Yes, explain: \_\_\_\_\_

**Legal Status:**

- Are you a Registered Sex Offender? YES  NO
- Are you on probation? YES  NO  If yes, charged with \_\_\_\_\_
- Are you on parole? YES  NO  If yes, charged with \_\_\_\_\_
- Name of Probation/Parole Officer: \_\_\_\_\_ Contact # \_\_\_\_\_
- Are you aware of any outstanding warrants for your arrest? YES  NO
- If you answered YES to the above, what is the nature of the charges? \_\_\_\_\_

**General Health Status:**

- Excellent     Very Good     Good     Fair     Poor
- Are you pregnant?  Yes    Due date: MM \_\_\_\_ DD \_\_\_\_ YY \_\_\_\_     No
- Chemical Misuse:**
- Drugs: What drug \_\_\_\_\_ How long \_\_\_\_\_ Last used \_\_\_\_\_
  - What drug \_\_\_\_\_ How long \_\_\_\_\_ Last used \_\_\_\_\_
  - What drug \_\_\_\_\_ How long \_\_\_\_\_ Last used \_\_\_\_\_
- Alcohol Misuse:** How long \_\_\_\_\_ Last used \_\_\_\_\_
- Process Addictions:**
- Gambling     Pornography     Internet gaming     Cutting     Sex     Over-eating     Exercise     Other \_\_\_\_\_
- Detox: When/where/how long \_\_\_\_\_

## HEALTH ASSESSMENT

To assist us in processing your application for admittance into our program, we ask that you complete the following sections as accurately as possible. Indicated health concerns will not necessarily preclude you from admittance into the program. We want to assure that should you come into the program, we have the best supports in place to assist you.

### Section 1: Medical Health:

Please indicate any medical issues you are currently dealing with. Check all that apply, and write down any related medications or treatment you are taking.

- Arthritis ..... medications: \_\_\_\_\_
- Diabetes ..... medications: \_\_\_\_\_
- Pain (location: \_\_\_\_\_)  
(location: \_\_\_\_\_)  
(location: \_\_\_\_\_) medications: \_\_\_\_\_
- Sleep issues ..... medications: \_\_\_\_\_
- Brain injury ..... medications: \_\_\_\_\_
- Heart condition ..... medications: \_\_\_\_\_
- Stroke ..... medications: \_\_\_\_\_
- Dietary restrictions (please list: \_\_\_\_\_)
- Crone's / Colitis ..... medications: \_\_\_\_\_
- Mobility problems ..... medications: \_\_\_\_\_
- Infectious disease – Hepatitis B/C, HIV/AIDS, etc. (which? \_\_\_\_\_) medications: \_\_\_\_\_
- Methadone ( \_\_\_\_ mg)
- Other: \_\_\_\_\_ medications: \_\_\_\_\_

### Section 2: Mental Health:

Please indicate any mental health issues you are currently dealing with. Check all that apply, and write down any related medications you are taking:

- Depression ..... medications: \_\_\_\_\_
- Anxiety..... medications: \_\_\_\_\_
- Bi-polar.... medications: \_\_\_\_\_
- PTSD..... medications: \_\_\_\_\_
- ADHD ..... medications: \_\_\_\_\_
- Schizophrenia ..... medications: \_\_\_\_\_
- Hallucinations ..... medications: \_\_\_\_\_
- Suicidal thoughts ..... medications: \_\_\_\_\_
- Eating disorder ..... medications: \_\_\_\_\_
- Personality Disorder ..... medications: \_\_\_\_\_
- Other \_\_\_\_\_ medications: \_\_\_\_\_

### Section 3: Health Care Providers:

Please provide contact information for your current and recent medical and/or mental health care providers:

	<u>Name</u>	<u>Phone Number</u>	<u>Date of Last Visit</u>
Family Doctor	_____	_____	_____
Psychologist	_____	_____	_____
Counsellor	_____	_____	_____
Psychiatrist	_____	_____	_____
Pharmacist	_____	_____	_____
Social Worker	_____	_____	_____
Other	_____	_____	_____

Section 4: Disclosure of Medical, Mental Health and Legal Information:

I, \_\_\_\_\_, consent to the collection and disclosure of my personal information, including information about my medical, mental health and legal information for the purposes of determining my suitability for Ruth & Naomi's Mission residential and recovery program(s) and for planning and managing my stay.

Individual or Agency who can be contacted	Who	Title	Contact Number

I affirm that the above information is true and complete to the best of my knowledge. I understand that if any of the above information is materially false, I may be expelled from the 30-Day Residential Program at Ruth & Naomi's Mission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

**APPLICATION DECISION:**

\_\_\_\_\_

**CONDITIONS OR ALTERNATE PLANS:**

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL NOTES:**

\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM START DATE:**

\_\_\_\_\_

\_\_\_\_\_  
R&NM Staff Signature

\_\_\_\_\_  
Date

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Intake By: \_\_\_\_\_

Forms may be faxed to RAN MISSION at 604.792.5138 c/o Intake & Assessment or emailed to [kslingerland@ruthandnaomis.ca](mailto:kslingerland@ruthandnaomis.ca) OR [hhorvath@ruthandnaomis.ca](mailto:hhorvath@ruthandnaomis.ca)