

# GEORGESCHMIDT

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## CENTRE

The **George Schmidt Centre** is a Provincial Homelessness Initiative developed in partnership with BC Housing that provides safe, structured housing combined with enhanced recovery support services to assist men aged 19 and older who have initiated lifestyle change (**by completing a structured recovery program**) to achieve long term stability in the areas of housing, employment and quality of life.

The **George Schmidt Centre** is located at 31244 King Road in Abbotsford. The Program consists of 30 Residential Units (furnished studio style apartments) and is designed for men who are motivated and ready to implement employment action plans within a structured program that assists residents in reaching their personal recovery goals.

### ADMISSION CRITERIA

Applicants must:

- Complete the BC Housing Application Form;
- Qualify for MSD (income assistance) or a source of funding that allows for a minimum monthly rent of \$375 per month (Damage deposit of \$175 required);
- Have documentation of current negative TB screen and/or chest x-ray within the last year;
- Have a commitment to recovery that may include attendance at outpatient counseling;
- Be motivated and ready to implement a personal recovery plan that includes:
  - ✓ a concrete and detailed action plan for employment that you will implement while in the housing program
  - ✓ a recovery maintenance and relapse prevention plan
  - ✓ a financial management plan
  - ✓ a plan for daily living: grocery shopping, budgeting, cooking, cleaning, laundry
  - ✓ a health and physical fitness action plan
  - ✓ a social and leisure time action plan
  - ✓ a life/work balance action plan
  - ✓ a plan to address your prioritized recovery needs
- Be ready to commit to being supervised in a structured housing program aimed at assisting you in reaching goals in the areas of employment and independent living for up to 18 months;
- Be stable enough to self-organize successfully in the routines of healthy daily living (attend to good nutrition, exercise, recovery activities, medication management, rest, healthy social activities, financial management, etc.);
- Not experience illness of a chronic nature that requires daily medical supervision or home care assistance or would warrant placement in a hospital, assisted living, nursing home, or rest home;
- Be homeless or at risk of becoming homeless;
- Be actively searching for employment.

### HOW TO APPLY TO THE GEORGE SCHMIDT CENTRE

- Substance use and mental health professionals can refer you to the program
- Self-referrals are also welcome
- Complete the BC Housing Application
- Complete the George Schmidt Centre Referral Form
- Complete the George Schmidt Centre Application Form
- Complete the George Schmidt Centre Consent to Release of Information Form
- Contact the George Schmidt Centre Admissions Office at (604) 864-0039

# GEORGESCHMIDT CENTRE

## APPLICATION FOR THE GEORGE SCHMIDT CENTRE

DATE: \_\_\_\_\_  
yyyy mmm dd

Applicant Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
mmm dd yyyy

PHN: \_\_\_\_\_ S.I.N.: \_\_\_\_\_ Tel: \_\_\_\_\_

Length of abstinence: \_\_\_\_\_ Cell: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Contact Number: \_\_\_\_\_

A&D Counselor or Case Worker \_\_\_\_\_ Tel: \_\_\_\_\_

How did you hear about the George Schmidt Centre? \_\_\_\_\_

Are you on a methadone maintenance program? Yes  No  Prescribing Physician: \_\_\_\_\_

Do you have TB test results? Yes  No  Referred to Sessional Physician for testing? Yes  No

Homelessness Status: Are you currently homeless? Yes  No

Are you currently at risk of homelessness? (Couch surfing, staying with friends or family) Yes  No

Current Address: \_\_\_\_\_

Employment Status:  Unemployed  Employed  Not in the Labour Force  Student  Retired

Education:  University Degree  College/Diploma  Grade 9-12  Grade 1-8  Trades Training

Marital Status:  Single  Common Law  Married  Separated  Divorced  Widowed



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## CENTRE

### CRIMINAL JUSTICE INVOLVEMENT HISTORY

Do you have a criminal record? Yes  No

If "Yes", what are your previous convictions?

**Convictions:**

**When:**

Are you facing any current charges? Yes  No  What are the charges?

Are you on probation? Yes  No  Are you on parole? Yes  No

If "Yes", what are the conditions of your order?

Probation/Parole Officer Name:

Contact Number:

### HEALTH

**Medical Condition(s):**

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Neurological | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy     |   |
| <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Sleepwalking |   |

Do you have any other medical conditions or medic alerts that we should know about?

**Allergies:**

Do you require the use of an EpiPen? Yes  No

### CURRENT MEDICATIONS

Medication Name	Dosage	How long have you been taking this medication?	Administration times per day

I am taking these medications regularly Yes  No  If not, why not?

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### MEDICAL CONTACTS

Medical Contact	Name	Telephone
GP / Physician		
Specialist		
Psychiatrist		

### DIAGNOSED MENTAL HEALTH CONDITIONS

(may require a report from your Psychiatrist)

Diagnosis	At what age:	Psychiatrist <input type="checkbox"/>	Family Doctor <input type="checkbox"/>	Other <input type="checkbox"/>
Diagnosis	At what age:	Psychiatrist <input type="checkbox"/>	Family Doctor <input type="checkbox"/>	Other <input type="checkbox"/>
Diagnosis	At what age:	Psychiatrist <input type="checkbox"/>	Family Doctor <input type="checkbox"/>	Other <input type="checkbox"/>

Number of times you have been hospitalized for your condition in the past 3 years:

### HISTORY OF BEHAVIOURS

Do you have thoughts of harming yourself? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever felt suicidal? Yes <input type="checkbox"/> No <input type="checkbox"/> How recently?
Have you ever made an attempt? Yes <input type="checkbox"/> No <input type="checkbox"/> How recently?
Were you hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/> How long was your stay in hospital?
Were you seen by a psychiatrist while you were in hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:
Have you ever had issues with aggression? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever resorted to physical violence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been considered to be socially inappropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been considered to be sexually inappropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had issues with or been accused of severe hoarding? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever lit a fire in your residence? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>