

GEORGESCHMIDT CENTRE

REFERRAL FORM

REFERRING AGENCY INFORMATION

Program Name:

Phone:

Completed Program: Yes No

Intake Date:

Discharge Date:

REFERRAL INFORMATION

Last Name:

First Name:

Date of Birth:

SIN:

Length of time abstinent:

Primary substance used:

Identified community supports:

Has the BC Housing Application Form been submitted?

Yes No

MSD file open: Yes No

GA Number:

INCLUSION CRITERIA

Applicants must:

- Have completed the BC Housing Application Form;
- Have an open file for MSD (income assistance) or have 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 demonstrated commitment to recovery that may include attendance at outpatient counseling, and are homeless or at risk of homelessness;
- Be motivated and ready to implement a personal recovery plan with monthly reviews 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;
- Have a demonstrated commitment to abstinence, which may include the use of prescribed medication and opiate replacement therapies as part of your overall recovery plan, and/or the use of prescribed medications, providing you are under the supervision of the **George Schmidt Centre's** sessional physician;
- 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 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.)

PLEASE SEND TO:

bwall@kinghaven.ca or fax to **(604) 864-6030** attention Brendan Wall