

## Early Recovery Sober Living Application for Admission

Failure to submit a completed application may result in a delay in admission. Please answer all questions to the best of your ability. If you are unsure of how to answer a question, please call for clarification.

### Admission Information

#### Admission Requirements

1. Only individuals over the age of 18 may apply for admission into the program.
2. Individuals seeking admission to the program must have completed an approved residential treatment program within six months prior to admission.
3. Individuals must have remained abstinent after completion of their residential treatment program. Drug and alcohol screening will be conducted upon admission to verify.
4. All individuals **MUST** remain abstinent during their participation in the program and will be required to attend the life skills and addiction programming if they did not already do so as part of the early abstinence sober living program or drop in, prior to treatment.
5. All applicants must be willing to apply for, and be accepted by, the social assistance program in either Alberta or Saskatchewan, or be able to cover the monthly rental costs of the program which is \$520 per month.
6. Full disclosure of all criminal charges and convictions for any violent or sexual offences is mandatory, as the safety of our staff and clients is of our utmost concern. This disclosure will not necessarily result in the disqualification from the program, it is only required to ensure that this program is the best fit for both the client and the Residents in Recovery Society.
7. It is understood that transportation to Lloydminster will be the responsibility of the client however we may assist in arranging payment through social assistance if necessary.
8. It is agreed that a search will be conducted upon admission of all belongings and that the client will refrain from possession of all prohibited items as indicated on the *Prohibited Items Form* provided with this admission. All prohibited items will be seized upon admission and disposed of, not stored.

#### Assessment and Acceptance

1. Upon submission of a completed application form, please follow up with the Residents in Recovery office to confirm receipt and discuss the application.
2. Once the applicant has been placed on the waiting list, it is the applicant's responsibility to touch base with the office every two weeks to maintain status on the list. If the applicant fails to contact the office for a period of three weeks or longer the application will be removed from the list and they will be required to reapply.

3. If it is determined that the program meets the client's needs, all admission requirements are fulfilled and a room is available, an admission date will be provided to the applicant or their representative.
4. If transportation to Lloydminster is required, staff will be notified, and a pick-up time and location will be set.
5. If transportation is not required, a move-in time will be determined and provided to the client.

### **Move-in Procedure**

1. The client will arrive at the office or residence at the time agreed. Failure to arrive at this time may delay move-in as staff may have other appointments. It is important to arrive at the agreed upon time. If there is an issue with the agreed upon time or there are delays, please notify staff as soon as possible.
2. Guests (family/ friends) are permitted to assist the client with their personal belongings upon move-in but will not be permitted to stay at the house to visit on the move-in day. Guests may have to wait at the office for all paperwork and drug screening to be completed before transport to the residence.
3. Upon arrival at the office or residence, a drug and alcohol screening will be administered by the staff. Results of the screening will be available immediately and assuming they are satisfactory the move-in paperwork will be completed. If the results of the screening are questionable, a second test will be conducted to confirm the first results. If the results of this second test are questionable, the client will not be permitted admission until such time that a satisfactory test result can be confirmed.
4. After completion of the screening and paperwork, the client will be taken to the house if at the office. Once the client's belongings are in the residence and the guests have left, staff will conduct a thorough search of the personal belongings and ensure that the client is familiar with the *Prohibited Items List*. All prohibited items will be confiscated by staff and the client will be advised that possession of such items could constitute expulsion from the program.
5. New clients will be given a tour of the house and introduced to their roommates. This tour will be conducted by the staff House Mentor.
6. The client will be provided with the keys and codes (if applicable), staff will answer any questions and the client will be left to settle in to their new residence.

### **Program Participation Requirements**

1. For those clients that have not already done so in the Early Abstinence program, all Residents in Recovery clients are required to attend all scheduled daily programming at the office or virtually. Late admission to programming is not permitted. Failure to attend programming may result in expulsion from the program.

2. As indicated in the Conditions or Residency, each client MUST participate in a minimum of seven weekly peer support meetings, three of which must be the Never Too Far NA meetings. Failure to do so may result in expulsion from the program.
3. Clients are expected to participate in all weekly social activities. It is only with special permission from the Program Director that a client can excuse themselves from partaking in such activities.
4. Clients are expected to complete all daily and weekly chores as outlined on the *Conditions of Residency* received upon admission.
5. Clients are expected to adhere to a curfew between the hours of 10:00 PM and 7:00 AM on weekdays and 11:00 PM and 7:00 AM on weekends. Failure to adhere to curfews will be immediate grounds for expulsion from the program. If it is necessary (i.e. medical emergency) to leave the property outside of curfew times, notification to the property manager is required. Upon return, it is mandatory that the property manager be advised that the client is back and must present themselves for confirmation and inspection.
6. Early Recovery clients are permitted to work, as approved by the Program Director and only if such employment does not interfere with their recovery and the *Conditions of Residency*.

### **Additional Requirements**

1. All clients must disclose to the Program Director upon admission, all prescription medications they have in their possession. Medication compliance is the responsibility of the client however as it may impact other clients and staff, monitoring and verification may be required.
2. Smoking and vaping are only permitted in outside smoking areas and not in the residence.
3. All appointments must be pre-approved by the Program Director and approval to miss any programming will be at their discretion.
4. Although it is not mandatory, you will be encouraged to explore your spirituality by attending a church of your choice on Sundays.

## Consent for Assessment

I, \_\_\_\_\_ (please print name) declare that I am 18 years of age or older and that I understand the assessment process as explained in the Application for Admission. I understand the purpose of the assessment is to make recommendations for my addiction plan. I understand that the information that I provide on this admission application will remain confidential and not be provided to anyone without my permission and the completion of a signed *Consent to Release Information Form*. I further understand that completion of this application does not guarantee my acceptance into the Early Recovery Sober Living Program as it may be determined through this assessment that an alternative service may be more suitable to meet my needs.

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Signature of Client

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Date

## Limits of Confidentiality Agreement

I, \_\_\_\_\_ (please print name) understand that my treatment and any information I may share while in the Residents in Recovery program is confidential and that any release of information shall require a signed release of information.

I further understand that the following limits of confidentiality. The staff of the Residents in Recovery Society (including volunteers), may release pertinent information to the appropriate authorities including, but not limited to, police officers, medical personnel, child and family services, without a signed release in the following circumstances:

- a) The information involves a threat of harm to self or others.
- b) The information involves concerns about the abuse or neglect of a child.
- c) When legally obligated to do so through a subpoena by the justice system.

I understand that treatment information is recorded in my client file for reference and the Residents in Recovery staff may share information amongst one another to assist them in providing the most effective treatment program.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
Last First Middle

**Maiden / Other Name:** \_\_\_\_\_ **Gender:** M  F  O   
Last

**Address:** \_\_\_\_\_  
Street City Province Postal Code

**Phone:** \_\_\_\_\_ Home  Cell  Other  \_\_\_\_\_

**Phone:** \_\_\_\_\_ Home  Cell  Other  \_\_\_\_\_

**Are you currently homeless, sheltered or couch-surfing:** Y  N  **If so where?** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Health Care Number:** \_\_\_\_\_ AB  SK   
MM - DD - YYYY

**Ethnicity:** \_\_\_\_\_ **First Language:** \_\_\_\_\_

**Relationship Status:** Single  Married  Common-law  Separated  Divorced

**Number of Dependant Children:** \_\_\_\_\_ **Are they living with you:** Y  N

**Highest Level of Education:** Gr. 1-9  Gr. 10-12  Some Post Secondary  Degree/Diploma

**Next of Kin (Emergency Contact):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, \_\_\_\_\_ (print name), give Residents in Recovery Society permission to contact the above noted next of kin (emergency contact) in case of emergency.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date

**SOURCE OF INCOME / FUNDING**

AB Works  AISH  SK Social Services  **Office Location:** \_\_\_\_\_

**Name of Support Worker:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

E.I  Pension / CPP  Self-Employed  Aboriginal Funding  Other  \_\_\_\_\_

**(If Applicable) Benefits Number:** \_\_\_\_\_ **Treaty Number:** \_\_\_\_\_

Employed  **Employer:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Insurance Coverage:** Y  N

**Will you be private paying for this program?** Y  N

**REFERRAL SOURCE**

Self  Detox  Counselor  Justice  Social Services  Community Org.  Other

**Name if other than self:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you required to attend peer support meetings or other recovery programs by any of the following?**

Probation  Court  Parole  Employer  Children's Services  Other  \_\_\_\_\_

**Do you have a Community Treatment Order?** Y  N

**What is the reason you are seeking support through the Residents in Recovery Program?**

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## SUPPORT REQUIREMENTS

**Do you require support in any of the following areas? Check all that apply.**

Community reintegration? Y  N

Healthy peers and support system? Y  N

Do you have a sponsor? Y  N  Would you like one? Y  N

Family reintegration (parents and siblings)? Y  N

Family reintegration (spouse or partner)? Y  N

Reunification with children? Y  N  If so, will they be living with you? Y  N  Eventually

Parenting skills? Y  N

Legal issues? Y  N  If so, explain. \_\_\_\_\_

Budgeting? Y  N

Personal identification? Y  N

Educational training or upgrading? Y  N

Job search / employment? Y  N

Specialized training or tickets? Y  N

Medical issues? Y  N  If so, explain. \_\_\_\_\_

Psychiatric issues? Y  N  If so, explain. \_\_\_\_\_

Dental issues? Y  N  If so, explain. \_\_\_\_\_

Other? Y  N  If so, explain. \_\_\_\_\_

**Did you participate in Residents in Recovery Early Abstinence Program? Y  N**

**If so, skip to Consent for Release and Collection of Confidential Information. If not, complete all information.**

**LEGAL HISTORY**

Have you ever been convicted of a criminal offence? Y  N

Do any of the following currently apply to you?

Probation  Bail  Parole  Conditional Sentence  House Arrest  None

Will you require a release of information to your supervisor? Y  N

If so, please provide name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have outstanding legal charges? Y  N

If so, list upcoming court dates:

Date	Court Location	Mandatory Appearance	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been charged with the following?

Violence Offences  Homicide Offences  Sexual Offences

If yes to any of the above, please provide dates and details?

Date	Charge	Conviction	Sentence
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**ADDICTION INFORMATION**

**Primary Addiction:** \_\_\_\_\_ **Secondary Addiction:** \_\_\_\_\_

**Date of last use of any substance:** \_\_\_\_\_ **What substance(s):** \_\_\_\_\_

**Treatment history:**

**Did you complete a residential treatment program within the past 3 months?** Y  N

**If so where and when?** \_\_\_\_\_

**Did you attend detox prior to your residential treatment program?** Y  N

**If so where and when?** \_\_\_\_\_

**Did you attend a sober living program prior to your residential treatment program?** Y  N

**If so where and when?** \_\_\_\_\_

**Have you participated in any other recovery programs in past 6 months?** Y  N

**If so where and when?** \_\_\_\_\_

**Have you experienced any of these withdrawal symptoms in the past 6 months?**

Symptom	Yes	No	NA/UNK	Describe
Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delirium Tremens (DTs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ever experienced?

**Do you still experience any of the above symptoms?** Y  N

**If so describe?** \_\_\_\_\_

\_\_\_\_\_

Indicate which substances you have ever used and the pattern of use for recent substances.

<b>SUBSTANCE</b> Circle specific substance(s) or print name	<b>Pattern of Use</b> In last 6 months: Occasional, Daily, Weekly, Monthly, Binge, Other	<b>Method of Use</b> N = nasal/snort O = oral/swallow IV = inject IS = inhale/smoke	<b>Average Amount Used</b> In 24-hours	<b>Length of Time Used</b> In months, years	<b>Date of Last Use</b> Include time if known
<b>Alcohol:</b> beer, wine, coolers, liquor, homebrew; Lysol, hairspray, mouthwash, aftershave					
<b>Marijuana:</b> Pot, hash, hash oil, edibles, shatter					
<b>Cocaine:</b> Crack, powder					
<b>Inhalants:</b> Lacquer, glue, paint thinner, gasoline, aerosol sprays					
<b>Club Drugs:</b> Ecstasy (MDMA), GHB, Rohypnol, Ketamine					
<b>Hallucinogens:</b> Mushrooms, LSD, Peyote, Angel Dust (PCP) acid					
<b>Amphetamines:</b> Crystal meth, speed					
<b>Illicit Street Opiates:</b> Fentanyl, carfentanil, Heroin, Opium					
<b>Prescription Opioids:</b> Codeine (T-2s, T-3s,) Oxycontin, Dilaudid, Percocet, Morphine, Demerol					
<b>Prescription Depressants:</b> Diazepam (Valium), Lorazepam (Ativan), Rivotril, Halcion, Xanax, etc					
<b>Prescription Stimulants:</b> Ritalin, Dexedrine, Adderall, Concerta					
<b>Over the Counter Drugs:</b> Codeine (T-1s), Gravol, Cough Syrup					
<b>Tobacco:</b> Cigarettes, cigars, chewing tobacco					

**Process / Behavioural Addictions:**

Process/Behavioural Addiction	Yes	No	NA/UNK	Describe
Gambling (slots, cards, Keno, bingo etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating (obesity, anorexia, bulimia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex (promiscuity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internet, texting, cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have previous periods of clean/sober time? Y  N  Longest? \_\_\_\_\_

Date range of last period of abstinence: \_\_\_\_\_

**Explain how the following areas of your life have been affected by your addiction:**

**Family:** \_\_\_\_\_

\_\_\_\_\_

**Social:** \_\_\_\_\_

\_\_\_\_\_

**Physical:** \_\_\_\_\_

\_\_\_\_\_

**Emotional:** \_\_\_\_\_

\_\_\_\_\_

**Work / School:** \_\_\_\_\_

\_\_\_\_\_

**Spiritual:** \_\_\_\_\_

\_\_\_\_\_

**PSYCHOLOGICAL AND MENTAL HEALTH INFORMATION**

Are you currently involved with a mental health professional? Y  N

If so, specify? Psychiatrist  Psychologist  Therapist  Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a current formal mental health diagnosis? Y  N

If yes, please check all that apply:

ADD/ADHD  Anxiety Disorder  Bipolar  Depression  FASD  OCD  PTSD   
 Dissociative Disorder  Schizophrenia  Somatic Disorder  Tic Disorder

Mental Health Diagnosis	Yes	No	NA/UNK	Describe
Currently being treated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Currently on psychiatric medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taking medication consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stopped taking medications without doctor knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when?
Do you have difficulty affording medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you experience difficulty with sleeping? Y  N

If yes, please check all that apply:

Falling asleep  Staying asleep  Snoring  Night terrors  Sleepwalking

Do you have a history of suicidal thoughts or attempts? Yes  No

Have you had any suicidal thoughts or attempts in past year? Thoughts  Attempts  None

If attempted, please indicate dates and circumstances:

Date	Method	Hospitalized	Circumstances
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	



Do you have a history of self-harm? Yes  No

Have you engaged in self-harm in the past year? Yes  No

If yes, please indicate dates and circumstances:

Date	Method	Hospitalized	Circumstances
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**FAMILY HISTORY INFORMATION**

Were you ever in the foster care system? Y  N

Were you or anyone in your family in the residential school system? Y  N

Please explain: \_\_\_\_\_

Is there a history of addiction in your family? Y  N

If yes, please indicate who and details:

Relationship	Addiction	Active User	Pattern of Use / Clean Date
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Which family members can you expect the most support for your recovery?

Spouse/Partner  Children  Parents  Siblings  Grandparents  Aunts/Uncles

Other  Please specify: \_\_\_\_\_

**TRAUMA / LOSSES HISTORY INFORMATION**

**Have you ever experienced any of the following types of abuse/trauma? (check all that apply)**

- Sexual Abuse  Physical Abuse  Emotional Abuse  Financial Abuse   
Sex Work  Physical Violence  Domestic Violence  Confinement   
Witness of Traumatic Event  Life-threatening Accident

**Have you ever experienced any of the following types of significant losses? (check all that apply)**

- Death of: Family member  Child  Close Friend   
Divorce/Separation  Job Loss  Health Problem

**Please elaborate on significant losses:**

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**SPECIAL NEEDS INFORMATION**

**Do you have any of the following special needs that we need to be aware of?**

- Dietary Needs  Explain: \_\_\_\_\_  
Mobility Needs  Explain: \_\_\_\_\_  
Medical Needs  Explain: \_\_\_\_\_  
Spiritual/Cultural Needs  Explain: \_\_\_\_\_  
Literacy/Learning Needs  Explain: \_\_\_\_\_

**Is there anything else that we should be aware of?**

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**MEDICAL HISTORY INFORMATION**

This medical history is to be completed to the best of the client’s knowledge. As required by all residential treatment facilities, a recent medical (within last 3 months) must be provided with the application. As such, an appointment for a physical will be arranged within the first month of residency in the Residents in Recovery program.

Are you currently on an opiate replacement therapy? Y  N  Explain: \_\_\_\_\_

Are you currently pregnant? Y  N  Estimated Due Date: \_\_\_\_\_

Do you currently experience chronic pain? Y  N  Explain: \_\_\_\_\_

How do you currently manage your pain? \_\_\_\_\_

Do you have any allergies? Y  N  Explain: \_\_\_\_\_

Do you have a family physician? Y  N

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all currently prescribed medications:

DRUG NAME	DOSE/SCHEDULE	LENGTH OF TIME USED	FOR THE TREATMENT OF

Do you frequently take any over-the-counter medications? Y  N

Which ones / How often / For what? \_\_\_\_\_

\_\_\_\_\_

**Please indicate if you have any of the following conditions/issues:**

CONDITION	Diagnosed		Tested		Comments
	Yes	No	Yes	No	
Central Nervous System disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory problems / Asthma / Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart problems Current blood pressure: _____ over _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal / Stomach problems / Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pancreatic problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney or urinary problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes / hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy / Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Withdrawal symptoms, seizures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liver problems: Hepatitis B & C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually Transmitted Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Are there any other medical conditions / issues we need to be aware of?** Y  N

**Explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONSENT FOR RELEASE AND COLLECTION OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ give permission to Residents in Recovery Society to contact:

**RCMP** (Collection of information for verification of criminal record)

**Probations / Justice** (Collection and Release of Information as required)

Probations Officer / Bail Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Social Services** (Collection and Release of Information)

Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Doctor** (Collection and Release of Information)

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pharmacist** (Collection and Release of Information - If Applicable)

**Emergency Medical Services** (Collection and Release of Information - If necessary)

**Lloydminster Hospital** (Collection and Release of Information - If necessary)

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Types of information to be collected / released**

Relevant History:  Collection  Released      Monitoring:  Collection  Released

Assessment:  Collection  Released      Attendance:  Collection  Released

Participation:  Collection  Released      Program Dates:  Collection  Released

Summary Report:  Collection  Released      Treatment Plan:  Collection  Released

Medical Info:  Collection  Released

\_\_\_\_\_  Collection  Released

\_\_\_\_\_  Collection  Released



**Consent**

I, \_\_\_\_\_ (please print name) understand that provision of sober living and programming services is dependant upon my decision to release information and that I may cancel this consent at any time. I also understand that some action may have been taken prior to cancellation.

Permission to expire 4 (four) months from date of signature unless otherwise cancelled.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Cancellation**

I, \_\_\_\_\_ (please print name) cancel this permission. I understand that some action may have been taken prior to cancellation.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Early Recovery Conditions of Residency - Schedule B

Initial Here

1. I agree to be actively engaged in a recovery program as outlined in my case plan including, but not limited to the following.
  - a. Completion of an approved residential treatment program within three months of acceptance into the Residents in Recovery sober living program.
  - b. I will refrain from gambling of any sort. This includes casinos, bingos, VLTs, scratch tickets and lottery tickets. Failure to adhere will result in removal from the program.
  - c. If not already done so in the Residents in Recovery Early Abstinence program, I will attend ALL daily programming, except when pre-authorized by Residents in Recovery staff. Failure to adhere will result in client being given 24 hours to commit to new behavior, or a voluntary move-out. Three (3) violations of this will result in immediate removal from the program.
  - d. I will attend the required weekly peer support and house meetings. Three (3) violations of this requirement will result in immediate termination of the program.
  - e. I will fully participate and be engaged in all activities (including meetings, social activities and volunteer activities) as required and on time.
  - f. I agree to pay attention during daily programming, avoid cross talk, refrain from the use of my cell phone, be respectful of other participants and obey the class rules as determined by you and your peers. Failure to adhere to class rules will result in me being asked to leave thereby, counted as missed programming. See 1c.

2. Financial arrangements will be discussed with staff prior to admission. Confirmation of social assistance, approved income or third-party funding source to be identified at time of application.

3. I am aware that a requirement of \$520.00 rent and a \$200.00 damage deposit (or guarantee) must be arranged and approved by the Program Director or paid on or before my move in date. I agree to pay my monthly rent IMMEDIATELY UPON RECIEPT of my income support check, or if on other support, by the final day of the month. Payments can be made by e-mail money transfer to [residentsinrecovery@hotmail.com](mailto:residentsinrecovery@hotmail.com). If I fall behind on my rent, I may be asked to catch it up immediately or risk being asked to leave the program.

4. In the case of a cash damage deposit, it will be returned to me provided the following criteria are met:
  - a) That I have left my personal living area clean, tidy, and in good condition.
  - b) That my room and board is paid in full, to and including, the date of my departure.
  - c) That I have given staff a minimum of one (1) months' written notice or am attending a residential treatment program.
  - d) There is no damage identified on my move-out inspection report.

**I am aware that, if I am evicted, my damage deposit is non-refundable**

5. I do not get weekend passes for the first month unless there is an emergency. I must submit a pass request (3) days prior to any overnight, weekday, or weekend pass. To attain an extension of my curfew I will contact staff for approval.

6. Weapons, **including any objects deemed potentially dangerous**, are not allowed. Such items will be disposed of as indicated in our policy. Residents in Recovery Society has zero-tolerance policy on physical violence and verbal/non-verbal aggressive behavior. Violation of this policy will result in immediate discharge.

7. **All electronic devices (computers, televisions, gaming systems, social media on cell phones, etc.) MUST BE TURNED OFF BY 11:00 PM Sunday to Thursday**, and not to be turned back on until 3 pm the following day. Friday and Saturday electronics may be used until midnight and turned on again the following morning

at 8:00 AM. Failure to adhere to these policies will result in removal of all electronic devices for one week the first violation, and permanent removal the second.

8. Curfew: I will be in attendance at my designated sober living house by the following hours:
- Sunday to Thursday 10:00 PM.
  - Friday and Saturday 11:00 PM.
  - Prior arrangements must be made and approved by staff to be out after these times.
  - Curfew breaches past midnight will result in immediate removal from the sober living program.
  - Two minor curfew breaches will result in immediate removal from the sober living program.
9. **I am required to attend a minimum of six peer support meetings every week** including the Never Too Far mandatory meetings. I am also aware that I will be required to work on my steps and get a (temp.) sponsor or mentor within the first four weeks of admission to the Residents in Recovery program. See 1d for violation procedures.
10. I am required to attend all three Never Too Far NA meetings (two at noon on Tuesday and Thursday and one at 8:00 pm on Saturday).
11. I agree to ongoing outpatient counselling with Saskatchewan Health Authority Outpatient Services or approved addiction counselor for the continued support of my addiction(s). The number of appointments will be at the discretion of the counsellor.
12. Residents in Recovery conducts weekly “in-house” business meetings which are mandatory for me to attend. Permission to miss a business meeting **MUST** be approved by the staff. See 1d for violation procedures.
13. I will be up and ready for the day by 8:30 AM Monday to Friday. **I will be at the office or signed in to virtual programming by 9:15 AM every morning** and realize that if I am late and have not notified staff by contacting the office number, I will be required to attend an additional peer support meeting that week.
14. Illness resulting in missed programming for more than two (2) consecutive days will result in the requirement of a doctor’s note indicating the reason for the absence. Failure to provide a doctor’s note will result in consideration of two (2) missed programming days, see 1c.
15. I agree to refrain from engagement in intimate relations while a resident in the sober living house. This includes relations with individuals inside and outside of the program. Relationships that pre-exist entrance into the program, will be considered as being excluded from this conditional term upon disclosure and discussion with the Program Director.
16. Pets are not allowed in the sober living house at any time.
17. The bedrooms of other residents are off limits. Staff may enter any room to do room checks and may check my belongings and/or vehicle with myself or another staff member present if there are concerns.
18. Inappropriate clothing is not allowed. This includes clothes or hats with alcohol or drug related logos, jokes, or pictures, sexual connotations, or inappropriate language. Nor will I bring any material including videos, CDs, magazines, posters, electronic games, etc., into the sober living house that is pornographic, extremely violent, or disrespectful.
19. Residents in Recovery sober living houses are non-smoking. Smoking, vaping, and chewing tobacco are not allowed anywhere in the building. Smoking is permitted in designated smoking areas only and I agree to use the ashtrays or containers that are provided for the disposal of my smoking material. After curfew it is my responsibility to lock the external door(s) when I return inside.
20. I understand that Residents in Recovery Society has a zero-tolerance policy on using or possessing alcohol and illegal drugs, the misuse of prescription and over-the-counter drugs, or any form of gambling. A violation of this rule will result in immediate discharge. A refusal to test for alcohol or drugs from a staff

member will be considered as grounds for eviction. If requested, I will be willing to provide samples when Residents in Recovery staff requests a random drug or alcohol test. If I have been away on an approved pass, I may be subject to a drug or alcohol test at my own expense when I return. A refusal to test for alcohol or drugs from a staff member will be considered as grounds for eviction.

21. I am not to enter bars, nightclubs, casinos, or other gambling establishments or to be in any location where drugs and/or alcohol are knowingly used or sold. Should I need to be at a location or event where alcohol is being served, I must first discuss it with the staff at Residents in Recovery and obtain approval prior to attendance at the event. If it happens as a result of something that I have little to no control such as part of my work, etc., I will bring it to the attention of staff after the fact, and explain the circumstances.
22. I understand that socialization with individuals still engaged in active addiction or addictive behaviors may be detrimental to my recovery. As such, I agree to refrain from direct socialization with such individuals. Direct socialization includes, hanging out with, continued communication with and seeking rides or favors from such individuals. Continued socialization with such individuals may result in the discharge from the sober living program.
23. It is my responsibility to inform staff of any drugs I have in my possession. This includes prescription medication, over-the-counter medication, vitamins, supplements, etc. Medication(s) must always remain in their original containers and kept in my private bedroom . Medications will be dispensed by the ry pharmacist at Lloyd Drug Mart, staff may ask my pharmacist to bubble pack them. Staff may choose to monitor administration of my medication(s) at their discretion. Any medication(s) I leave behind will be disposed of within 24 hours of my discharge/departure from the sober living house.
24. I am responsible for the purchase of my own medication. All prescriptions will be managed through Lloyd Drug Mart. I agree to forward all existing prescriptions to Lloyd Drug Mart within two weeks of my move-in and agree to use Lloyd Drug Mart for all new prescriptions that I may receive while a resident in the sober living program. This allows staff to monitor medication use, access information as required, and facilitate pick-up and distribution of medication.
25. Illegal activity will not be tolerated. As a sober living resident, it is my job to address maladaptive behaviors as well as my substance use issues. Theft from the center, other residents and from businesses will result in my discharge from the program. Continued engagement in other illegal activity such as fraud, drug dealing, or other illegal activities will result in the immediate discharge from the program.
26. I agree to sign the required “Consent for Release and Collection of Confidential Information” forms as the sharing of this specific information will facilitate adequate care and promote the safety of all participants in the program.
27. It is my responsibility to inform staff of any visit to a hospital emergency room or of a scheduled appointment I have with a doctor and the outcome. Staff is not permitted to transport any client to emergency.
28. I am entitled to park in the sober living house parking lot. If my vehicle is dripping oil or other fluid products, I may be asked to park on the street. I can plug in my vehicle one (1) time per 24-hour period in cold weather. I must provide an “in-line” timed block heater device, setting it for three (3) hours before starting my vehicle.
29. I will not wear street shoes or hard-soled footwear in the house. For public health reasons I will wear socks or slippers in the common area. Heavily soiled or oil related footwear will be cleaned before putting in the shoe rack.
30. Basic food provisions will be provided however any personal items will be my responsibility. If necessary, I will be assisted in accessing the food bank or other resources to provide my basic food needs. If I have food

items that I do not wish to share, I will clearly indicate my name on the food container if it is required to be in the fridge, and if not I will keep it in my room. Using food items marked for personal use will constitute as stealing and will result in immediate removal from the house. This includes at the office and at the sober living house.

31. I will be provided laundry soap and anti-static drying sheets. There is to be no heavily soiled clothing washed in the house washing machine. Staff will inform me of places where these items of clothing can be properly dry cleaned or washed.
32. I will be accountable and responsible for cleaning up after myself and cooperating with my roommates. This includes doing my chores as assigned, doing the dishes after I cook, maintaining a clean and tidy room, making my bed every morning, cleaning up after myself in the bathroom, and refraining from leaving my belongings around in the common areas.
33. Staff and residents are expected to ensure that a continuously safe and supportive environment is provided. If I am aware of anyone violating any terms of residency, I will report what I know, have seen, heard, or am aware of, to a Residents in Recovery staff member. All reports will remain anonymous.
34. All guests must be approved by Residents in Recovery staff. Guests can visit **only in common areas** which include the living room, kitchen, back deck (if present), or outside. Guests are not allowed in bedrooms unless special permission is given. There are **NO** overnight guests, except for children as approved by the Program Director. All guests must be clean and sober, or working an active recovery program. I am responsible for the conduct of my guests. Minors are not to be left unattended at any time. All guests must leave by the daily curfew time except for children during their overnight stays with their parent.
35. **I understand that sober living residents of the opposite gender are not permitted at the sober living house without permission of the Program Director.** (i.e. Women are not allowed at either men’s houses and men are not allowed at the women’s house). I further understand that this includes within the house and anywhere on the property. Failure to comply with this condition may result in the termination of residency in the program.
36. Clients of the Early Recovery sober living program may obtain employment upon approval from the Program Director, if it does not interfere with their recovery program, or treatment plan.
37. I understand that I can leave the house without prior authorization if I adhere to the rules and my curfew. If I am absent from the house for a period of 4 hours or more, I will call in to the house supervisor and check-in. This is for my safety and the assurance of staff that I am okay.
38. I have 72 hours (3 days) to remove my belongings after leaving the Residents in Recovery house either voluntarily or if I am evicted. After 30 days, belongings that have not been picked up will be donated to charity chosen by RinR staff.
39. Following my discharge/departure from the Residents in Recovery house, I am liable for legal proceedings against me for any unpaid amounts of my room and board or other debts that are owed to Residents in Recovery Society.
40. I understand that these conditions of tenancy may change and that I will be notified in writing of any changes.
41. I have read or have had someone read these “terms of residency” to me and I understand these rules and regulations are applicable to me while I am a resident of Residents in Recovery whether or not I am on or off the premises. I understand that a breach of any of these guidelines could result in my eviction from the Residents in Recovery sober living house.