

## Daily Programming Intake Form

By completing this questionnaire, you are providing the staff of Residents in Recovery Society the information required to develop a case plan and work towards meeting your needs. Please take the time to answer each question completely and honestly. The information you provide will remain private and only reviewed by Residents in Recovery Society staff and outreach volunteers for the sole purpose of assisting you with a case plan.

Date: \_\_\_\_\_

### PERSONAL INFORMATION

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

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

Phone: \_\_\_\_\_ Home  Cell

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

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

Date of Birth: \_\_\_\_\_ MM - DD - YYYY      Province of Residency / Health Care: AB  SK

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

Treaty Number: \_\_\_\_\_      Band Name: \_\_\_\_\_

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

Do you require assistance reading? Y  N       Writing? Y  N

Are you employed? Y  N       Full-time  Part-time  Casual  Seasonal  Self

Employer: \_\_\_\_\_

Are you receiving social assistance? Y  N

AB Social Services  SK Social Services       Office Location: \_\_\_\_\_

E.I  Pension / CPP  Aboriginal Funding  Other  \_\_\_\_\_

**ADDICTION INFORMATION**

Do you struggle with substance use addiction? Y  N  if so, complete.

Please note that it is a requirement of the Residents in Recovery Addiction programming that all participants have been clean and sober for seven days for in-person participation in daily programming and for one day for virtual participation. Continued abstinence during in-person participation is mandatory. You acknowledge that you understand these terms and, if participating in in-person programming, you agree to random screening at any time at the request of Residents in Recovery staff. Y  N

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

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

**Detox and treatment history:**

Year	Detox / Treatment Centre	Type of Addiction	Completed	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	

Do you have a counselor? Y  N  If so who? \_\_\_\_\_

**Would you like to apply for any of the following?**

Detox  Residential Treatment  Sober Living

Have you applied for detox? Y  N  or treatment? Y  N  Where: \_\_\_\_\_

Do you have a bed date? Y  N  If so when? \_\_\_\_\_

Do you struggle with a process / behavioral addiction? Y  N  if so, complete.

Process/Behavioural Addiction	Yes	No	N/A	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"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**MENTAL HEALTH INFORMATION**

Do you struggle with a mental health issue? Y  N  if so, complete.

Check all that apply:

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

Have you seen a psychiatrist in past 2 years? Y  N

Have you had suicidal thoughts in past 6 months? Y  N  Planned?  Attempted?

Do you require support for a physical health issue? Y  N  Explain: \_\_\_\_\_

Have you had a medical exam in past 2 years? Y  N

**LEGAL INFORMATION**

Do you have any outstanding legal issues? Y  N  if so, complete.

Do you require support to access legal aid? Y  N

Do you have outstanding fines? Y  N  How much? \_\_\_\_\_

Do you require information on fine option? Y  N

Do you have outstanding family law issues? Y  N  Explain: \_\_\_\_\_



**CONFIDENTIALITY**

I acknowledge that anonymity is a necessary spiritual principal required to foster a safe place for sharing. My presence and the presence of others in this group shall always remain confidential. Personal information that is shared in the group by me and others will be safely kept in the group. What is said here, stays here!

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.

**ACKNOWLEDGEMENT**

I acknowledge that I have refrained from the use of drugs or alcohol and agree to remain clean and sober while I participate in Programming. I agree to fully participate in the discussion and will not be disruptive to the group. Failure to do so will result in me being asked to leave.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Print Name

Date: \_\_\_\_\_

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

### Life Skills Programming Pre-Survey

**1. I know some healthy strategies to manage stress.**

1-----2-----3-----4-----5-----6  
Strongly Disagree      Disagree      Somewhat Disagree      Somewhat Agree      Agree      Strongly Agree

**2. I am able to handle whatever comes my way.**

1-----2-----3-----4-----5-----6  
Strongly Disagree      Disagree      Somewhat Disagree      Somewhat Agree      Agree      Strongly Agree

**3. My belief in myself gets me through hard times.**

1-----2-----3-----4-----5-----6  
Strongly Disagree      Disagree      Somewhat Disagree      Somewhat Agree      Agree      Strongly Agree

**4. I know how to access the community resources I need.**

1-----2-----3-----4-----5-----6  
Strongly Disagree      Disagree      Somewhat Disagree      Somewhat Agree      Agree      Strongly Agree