### **Part 1: Instructions**

#### **How to Apply**

- 1. Complete this Intake and Assessment Application Form.
- 2. Send your referral form to stabilization@harbourlightbc.com by fax to 604-682-1673.
- 3. Phone our Stabilization Counsellor at **604-646-6817** within 24 hours to confirm that we received your form, and learn more about our intake process.

When you call our Stabilization Counsellor, they may ask some follow-up questions to better understand your individual needs. Incomplete forms will delay your application for Harbour Light's program. *Please note:* all applicants must be 19 years or older.

#### Waitlist

Our stabilization program may have a waitlist. If you are on the waitlist, it is your responsibility to leave a phone message with the Stabilization Counsellor once a week to maintain your place on the list.

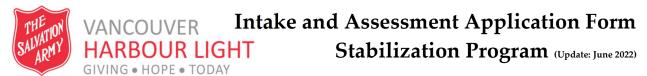
Clients must agree to abstain from alcohol and drugs other than prescribed and/or approved overthe-counter medications.



# Intake and Assessment Application Form HT Stabilization Program (Update: June 2022)

## Part 2: Applicant Information

For Office Use					
Date Application Received:	Date of Intake to Stabilization:				
Personal Information					
Full Name:					
Phone:	Date of Birth:				
Email:					
Address:					
City, Province:	Postal Code:				
Please <b>do not</b> provide your Social Insurance Number (SIN) or Personal Health Number (PHN) on this form. If you are accepted into program, you may need to provide this information to access funding through social assistance and/or to access pharmacy services.					
Do you have a Social Insurance Number (SIN)? ☐ No ☐ Yes					
Do you have a Personal Health Number (PHN)?	□ No □ Yes				
Referring Agent					
Name:	Agency:				
Phone:	Address:				
Start Date of Service:					
Treatment Centre Referral Information					
Treatment Centre Referred to :					
Date Entering	Treatment Centre				
Treatment :	Phone Number:				
Follow up Required by Client:					
Emergency Contact					
Name:	Relationship:				
Phone:	Address:				



Source of Funding for Treatment Fees				
<ul> <li>□ Social assistance (Welfare)</li> <li>□ Employee Assistance Program (through work)</li> <li>□ Correctional Service of Canada (CSC)</li> <li>□ Other</li> </ul>	Social assistance (Welfare)  Employment Insurance (EI)  Employee Assistance Program (through work)  Correctional Service of Canada (CSC)  Self-paying			
Education / Mark Europianeo				
Education / Work Experience	the set of			
	<ul><li>☐ Some high school</li><li>☐ High school or GED</li><li>☐ Some college/university</li><li>☐ College/university degree</li></ul>			
□ Other				
What work experience do you have?				
Part 3: Legal Information				
Past Criminal Convictions				
Do you have a criminal record?	☐ Yes ☐ No			
Do you have a history of sexual offences?	☐ Yes ☐ No			
Do you have a history of violent crimes?	☐ Yes ☐ No			
Current / Pending Criminal Charges				
Do you have pending civil, traffic or criminal cases?	☐ Yes ☐ No			
Please list your charges:				
Court Location:	Court Date(s):			
Local Chahua				
Legal Status				
Are you presently on probation?	☐ Yes ☐ No			
Are you presently on parole?	☐ Yes ☐ No			
If yes to any of the above, please list your conditions:				

## Intake and Assessment Application Form HT Stabilization Program (Update: June 2022)

### Part 4: Substance Use & Treatment History

Treatment History					
Have you previously received counselling for your addiction?		□ No	☐ Yes		
Have you previously attended substance use treatment program(s)?					
Dates	Pi	rogram			Did you complete?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
Last Collections I I a					
Last Substance Use					
When was the last drank alcohol?	time you used any	drug(s) or			
What did you use?					
	-				
Substance Use Hist	tory				
Substance	Method of Use (e.g. smoke, snort,	L	Amount		Date Last Used
Alcohol					
Marijuana					
Crack					
Cocaine					
Crystal Meth					
Heroin					
Fentanyl					
Benzodiazepines					
Prescription drug abuse					
Other:					

Opioid Agonist Therapy				
Are you currently on an opioid ago	nist therapy?	☐ No ☐ Yes (please complete	e questions below)	
What are you taking?		<ul><li>☐ Methadone</li><li>☐ Suboxone</li><li>☐ Kadian</li><li>☐ Other:</li></ul>		
How long have you been on opioid	agonist therapy?			
What is your current dose?				
Who is the prescribing physician?		Physician's Phone:		
Part 5: Physical Health				
Medical Care Provider				
Do you currently have a doctor?		$\square$ No $\square$ Yes (please complete the chart below)		
Name:		Phone:		
Agency/Office:				
Medical History				
Do you have any medical diagnoses?		□ No □ Yes		
If yes, please list:				
Are you currently taking any medications?		$\square$ No $\square$ Yes (please complete the chart below)		
Diagnosis	Medication(s)	Dosage		
Do you have any allergies?		☐ Food ☐ Drugs ☐ Environment ☐ Other:		
Have you had a TB Test done in the last year?		☐ Yes Results: ☐ No		

#### **IMPORTANT:** TB Testing

You can get a TB test done at the Downtown Community Health Centre at 569 Powell Street in Vancouver. Hours of operation are 8:30am-12:00pm on Mondays, Tuesdays, Thursdays, and Fridays.

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### Part 6: Mental Health

Mental Health					
Do you have any psychiatric diagnoses?		□ No	☐ Yes	(please complete questions below)	
Are you currently taking any medications relating to your psychiatric health?		□ No	□ Yes	(please complete the chart below)	
Diagnosis	Medication(s)			Dosage	
Do you have a history of any of the following?		☐ Suicide attempts ☐ Self-harming behaviours ☐ Eating disorder(s) ☐ Fire-setting behaviours			
Mental Health Care					
Do you currently have a mental health care worker, mental health team, or psychiatrist?			(please complete the chart below)		
Community Mental Health Worker / Team					
Name:		Phone:			
Agency/Office:					
Psychiatrist					
Name:		Phone:			
Agency/Office:					
Part 7: Spirituality / Religion					
Spiritual / Religious Beliefs					
Do you have any spiritual/religious	beliefs?	☐ Yes	□ No		
If yes, what are they?					
Do you have an active devotional life	fe or other	☐ Yes	□ No		