VANCOUVER HARBOUR LIGHT
GIVING • HOPE • TODAY

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

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 over-the-counter medications.

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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 **do not** 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 :	Treatment Centre Phone Number:
Follow up Required by Client:	

Emergency Contact	
Name:	Relationship:
Phone:	Address:

Source of Funding for Treatment Fees	
☐ Social assistance (Welfare)	☐ Employment Insurance (EI)
☐ Employee Assistance Program (through work)	☐ Canada Pension Plan (CPP)
☐ Correctional Service of Canada (CSC)	☐ Self-paying
☐ Other	

Education / Work Experience		
☐ Grade School (K – 7)	☐ Some high school	☐ High school or GED
☐ Trade school	☐ Some college/university	☐ College/university degree
☐ 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):	

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:		

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)?	☐ No ☐ Yes *(please complete the chart below)*	
Dates	*Program*	*Did you complete?*
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Last Substance Use
When was the last time you used any drug(s) or drank alcohol?
What did you use?

Substance Use History			
Substance	Method of Use *(e.g. smoke, snort, IV)*	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 agonist therapy?	☐ No ☐ Yes *(please complete questions below)*
What are you taking?	☐ Methadone ☐ Suboxone ☐ Kadian ☐ Other:
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?	☐ No ☐ 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?	☐ No ☐ 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.

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?	☐ No ☐ Yes *(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 or other spiritual practices?	☐ Yes ☐ No