



REQUEST FOR ADMISSION

If you're considering applying to the 6-Month Residential Treatment program, we applaud you for making it this far. This is a very vital step in finding lasting freedom through sobriety. If you're ready to say "yes" to receiving the help and support Rising Above Ministry has to offer, please fill out the below application and make sure to call us to ensure your application has been received.

Please give us a follow up call at (250) 785-1008 to ensure that we have received your application.

Personal Information

Date: _____ First Name: _____

Middle Name: _____ Last Name: _____

Date of Birth: _____ Hair Colour: _____

Eye Colour: _____ Height: _____

Active Phone Number: _____ Email Address: _____

City: _____ Address: _____

Personal Health Number: _____ Gender: _____

Do you struggle with addiction(s)?

If yes, how much clean time do you have from each substance you have used?

Why are you interested in being part of the Rising Above Program?

What barriers/struggles are you currently experiencing in your life?



What would you like to see changed in your life?

Where were you born and raised?

What is your ethnic background?

Current Housing

What is your current living situation?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Own |
| <input type="checkbox"/> Street | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> With family or friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rent | |

If you selected "other", please explain.

Are you in good standing with your housing? *(any unpaid rent, difficulties with landlord or roommates, in jeopardy of losing housing?)*

Are you currently receiving support from Income Assistance, CRB, E.I., or any other funding stream?

What is the name of your financial aid worker?



What is the phone number of your financial aid worker?

What is the email address of your financial aid worker?

Have you ever been evicted from a residence and if so, why?

Addiction History & Information

Do you have a history with addictions?

Circle *Yes* or *No*.

Please check all that apply and indicate for how long.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Fentanyl |
| <input type="checkbox"/> Crack/Cocaine | <input type="checkbox"/> Food |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Nicotine |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> GHB |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Meth | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Technology (gaming, phone, etc.) |
| <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Tobacco |

How much clean time do you have from all substances?

Which addiction(s) do you feel have the most influence/control over you? Please explain.



What we offer as part of our 6-month program:

Inner Healing (*dealing with unresolved emotional pain - foundation of program*)

Housing

Employment Readiness Training

Life-Skills Classes

Personal Development

Spiritual Mentorship

How do you feel the above services will help you?

Program Cost & Personal Income

\$1800 a month + a one-time \$350.00 damage deposit and \$100 supplies fee. This excludes items such as groceries, transportation including cabs and bus fares, cigarettes, toiletries and personal items.

List your primary source(s) of income and the amount received per month. Check all that apply.

- Employment Amount? _____
- Income Assistance Amount? _____
- Family or friend: Amount? _____
- E.I. Amount? _____
- Aboriginal funding Amount? _____
- PWD Amount? _____
- CPP Amount? _____
- No Income
- Other



Amount?

Do you have any outstanding debts?

Yes Or No

If yes, please list the debt(s), amount outstanding and monthly payments.

Family/Social Network

What is the (*current*) status of your family situation?

Do you have any children? (*If yes, please complete the boxes below as well.*)

Yes or No

Gender: *Male or Female*

Name: _____

Date of Birth: _____

Who does the child reside with? _____

Gender: *Male or Female*

Name: _____

Date of Birth: _____

Who does the child reside with? _____

Gender: *Male or Female*

Name: _____

Date of Birth: _____

Who does the child reside with? _____



Is child protection currently involved with the family? *Yes or No*

Describe any current custody issues.

Mental Health Status & Cognitive Concerns

Do you have a diagnosed mental health disorder? *Yes or No*

Please select any diagnosed mental health disorders that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Borderline Personality Disorder |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Other |

If you have selected any of the above diagnosed mental health disorders, please explain the struggles you face with this.

Do you have concerns about any potential "undiagnosed" mental health disorders?

Yes or No

If you answered yes to the above, please explain.

Do you have a history of suicide attempts? *Yes or No*

Are you currently thinking about committing suicide? If yes, please explain.

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

Are you currently thinking about self-harming? If yes, please explain.



Legal History

Are you currently under any legal supervision? *Yes or No*

If yes, please indicate offence(s) and supervision requirements below. (Please send a copy of any and all charges to: reception@risingabovefsj.ca)

Do you have a history of verbal aggression towards others? *Yes or No*

Do you have a history of verbal aggression towards others? *Yes or No*

Do you have a history of weapon use? *Yes or No*

If yes, please explain.

Are you currently taking medication? *Yes or No*

List all current medications and dosages.

Do you have any medical dietary restrictions? (Celiac, Allergies etc.) *Yes or No*

Residential Fees

By checking this box, you understand the following fees are associated with our program. \$1800 a month + a one-time \$350.00 damage deposit and \$100 supplies fee. This excludes items such as groceries, transportation including cabs and bus fares, cigarettes, toiletries and personal items.

Fees must be paid upon entry.

Clean Time Requirement

- By checking this box, you understand there is a mandatory requirement of **10**-days clean from all drugs and alcohol. This includes all marijuana related products. Rising Above tests each individual before they are admitted. If you fail a drug or breathalyzer test, you will be denied entry into the program.



Failed Test Risk Acknowledgement

- By checking this box, I, the applicant, understand that if I fail my drug or breathalyzer test during admission, I will not be allowed into the program and accept all risks associated with the failed test. These risks may include difficulty finding transportation and accommodation, as well as potentially experiencing food insecurity.

Consent for Release of Information to Rising Above

- By checking this box, you, the applicant, are agreeing to the release of information contained in the Rising Above application you're submitting. The applicant understands that persons, professionals, agencies or institutions named in this application may be contacted for additional information or documentation. This information will be used to determine if Rising Above is a suitable service for you and will assist in program planning if you, the applicant, are accepted into the program. You, the applicant, understand that your personal information may be disclosed to an employee, agent or contractor of the Rising Above Program, to verify your eligibility for the program or to monitor, assess and evaluate the results of the benefits and support programs in the Rising Above Program. By checking this box you're agreeing to the release of your information and confirming you're 18 years of age or older. You, the applicant, understand that all incomplete applications will not be considered.

- I agree

Applicant Signature: _____ Date: _____

Name of Witness (please print) _____

Witness Signature: _____