

Making a Difference ~
One Person at a Time !

PSALM 23 TRAINING CENTRE – APPLICATION FORM

115 Cariboo Hwy 97 – 59 Mile House

Box 387 Clinton, BC V0K 1K0

Central BC Office – (250) 459-2220 Fax – (250) 459-2260

Email – psalm23society@shaw.ca Website – www.psalm23society.com

DATE: _____ NAME: _____

CONTACT #: _____ AGE: _____ D.O.B. _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

SOC. INS.# _____ CARE CARD # _____

FAMILY DOCTOR: _____ DOCTORS PHONE # _____

*LIST MEDICATIONS YOU TAKE

*LIST ALLERGIES YOU HAVE

LIST YOUR DRUG OF CHOICE: (1) _____ (2) _____ (3) _____

SOBRIETY DATE: (First day without any substance) _____

REFERRED HERE BY: (A & D Program, counselor, client etc.) _____

REQUESTED DATE OF ENTRY INTO PSALM 23: _____

SOURCE OF INCOME (eg. E.I., Disability 1, Welfare) _____

****IF YOU ARE ON WELFARE, PLEASE PROVIDE YOUR GA #** _____

NAME OF OTHER PROFESSIONALS (eg. Parole officer, Counselor, Mental health worker) YOU SEE:

Name: _____ Title: _____ Phone #: _____

Name: _____ Title: _____ Phone #: _____

FAMILY HISTORY: - (please complete in detail)

Father: _____ Age: _____ Occupation: _____

Address: _____ City: _____

Postal Code: _____ Phone #: _____

Mother: _____ Age: _____ Occupation: _____

Address: _____ City: _____

Postal Code: _____ Phone #: _____

Central BC Office
Psalm 23 Training Centre
Box 387 Cariboo Hwy 97
Office – (250) 459-2220
Fax – (250) 459-2260
Toll Free – 1-877-913-2220

Genisis House
Abbotsford – Men
Alumni Housing
Call Head Office

Southern BC Head Office
3724 Clearbrook Road
Abbotsford, BC V2T 4P1
Office – (604) 870-5616
Fax – (604) 870-5617

WHO DO YOU CONSIDER TO BE YOUR NEXT OF KIN?

Name: _____ Relationship to you: _____

Address: _____

City: _____ Postal Code: _____ Phone # _____

PLEASE CIRCLE, if you know of any signs of alcoholism, heavy drinking or substance abuse in the past or present among the following family members:

Mother Father Sister(s) Brother(s) Aunt(s) Uncle(s) Grandparents(s)

Comments: _____

PLEASE CIRCLE

How would you describe your relationship with your mother? *Good* *Fair* *Poor* *Very Poor*

How would you describe your relationship with your father? *Good* *Fair* *Poor* *Very Poor*

How would you describe your relationship with your brothers or sisters (generally)?
Good *Fair* *Poor* *Very Poor*

Comments: _____

MARITAL STATUS: - (Please circle and comment)

1) Never Married Married Separated Divorced Widowed Common Law

2) Number of marriages _____

3) Number of children and ages _____

4) Name of current spouse or girlfriend/boyfriend _____ Phone # _____

General assessment of current relationship: (please circle and comment)

N/A Very Good Good Indifferent Bad Very Bad Arguments Separation Divorce Action

Comments: _____

HOUSING HISTORY:

How long were you at your previous place of residence? _____

What is the longest time you have stayed in any place of residence? (other than family home) _____

When was that? (year) _____ Where was it? (city) _____ (province) _____

SOCIAL INFORMATION: - (please fill out in full detail)

List current activities you enjoy, interests and hobbies:

List past activities, interests and hobbies that you stopped doing but would like to do again:

Religious affiliation: - Present: _____

- Past: _____

Are you willing to go to Church each week? _____

If not, why not? _____

EDUCATION: - (please complete in detail)

Current or last school attended: _____ Year: _____

Highest grade completed: _____ General Education Diploma? YES ___ NO ___ Year: _____

Languages spoken: _____

Languages written: _____

Additional training or skills: _____

Do you plan to continue your education or training? (please circle)

1) Currently doing so 2) Yes, most definitely 3) Yes, I'm going to 4) Maybe, thinking about it

5) Undecided 6) No plans to continue *What were your average grades while in school? _____

Comments: _____

EMPLOYMENT:

Present or last employer: _____

Address: _____

Job Title: _____ Date Began: _____

Date Left: _____ Reason for leaving: _____

How many weeks have you worked in the past 24 months? _____

Number of employers in the past 24 months? _____

When was the last time you worked (if not in the last 24 months)? _____

What is the longest time that you have held a steady job? _____

What kind of work was it? _____

TREATMENT HISTORY:

1. Have you received previous counseling? Yes _____ No _____

When? _____ By Whom? _____

Reason _____

2. Have you attended any substance abuse education programs or any substance abuse treatment programs? Yes _____ No _____ List dates, programs and reasons.

<u>Date</u>	<u>Name of Program</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Give summary if not enough space:**

3. Have you ever attended AA, NA, CA, AV, Al-Anon or other self-help groups? Yes _____ No _____

When? _____ Location _____

Reason _____

Are you currently working on recovery Stepwork? Yes _____ or No _____ (please place a check mark)

If yes, what Step are you currently working on? _____ (E.g. Step one)

LEGAL - COURT HISTORY:

1. Are you involved in any active cases (civil, traffic, criminal?) Yes____ No____ If yes, what are they?

A) Charges: _____

B) Court: _____

C) Hearing Date: _____ Trial Date: _____

2. Are you presently on probation or parole? Yes____ No____

If yes, explain: _____

Name of Parole Officer: _____ Phone No. _____

3. Any traffic violations (past or present), other than parking? Yes____ No____

4. Civil involvement (past or present)? Yes____ No____

5. Criminal involvement (past or present)? Yes____ No____

If you answered yes to questions 3, 4 or 5 please complete the following:

<u>Date</u>	<u>Charge</u>	<u>Outcome</u>	<u>Where</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Give summary if not enough space:

Are you willing to allow Psalm 23 Transition Society to do a criminal background check? Yes____ No____

List and describe LEGAL problems for which you are presently seeking assistance:

1. _____

2. _____

3. _____

Do you have a lawyer? Yes____ No____ If no, are you going to pursue one? Yes____ No____

MEDICAL / PSYCHIATRIC HISTORY:

1. Do you have any medical problems at this time? Yes _____ No _____ If yes, please explain...

2. Are you able to participate in recreational activities and work duties (e.g. dishwashing, some manual labour, etc)? Yes _____ No _____ If no, please explain...

3. Have you ever been under psychiatric care? Yes _____ No _____

Reason _____

When? _____ Diagnosis: _____

Psychiatrist: _____ Mental Health Worker: _____

4. Do you have any problems with anger? Yes _____ No _____

Do you ever get into fistfights or express your anger by throwing things? Yes _____ No _____

Explain _____

5. Have you ever had thoughts of taking your own life? Yes _____ No _____

Did you have a plan? Yes _____ No _____

Have you ever attempted to take your own life? Yes _____ No _____

Explain _____

SUBSTANCE USE HISTORY

DEVELOPMENT OF PROBLEM

1. Age when regular alcohol/drug use began: _____ years old
- (i) Age when first excessive: _____ years old
- (ii) Evolution of problem (please circle) - Gradually over a long time - Sudden rapid increase
- (iii) Special circumstances surrounding evolution (ie. - was there a significant personal event at the same time - loss of loved one, loss of job, etc.)

EXTENT OF PROBLEM

2. Withdrawal symptoms (please circle all that apply)
- Hangover Shakes Hallucinations Seizures Nausea / Vomiting
- DT's Blackouts Health problems (specify) _____

3. Problem use of other drugs (if applicable) - Remember that alcohol is a drug also!

DRUG	# OF YEARS	AGE WHEN STARTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASONS FOR DRINKING / DRUG USE (Please be specific)

USUAL ALCOHOL / DRUG PATTERN

4. Current drinking / drug use pattern (please circle) - Abstinent Problem drinking / drug use

(a) Type of alcohol user : (please circle)

Periodic / Binge

Steady / Regular

Length of last binge (days) _____

Days of the week of heaviest use

Length between bouts (days) _____

REASONS (please be specific)

(a) Type of substance user : (please circle)

Periodic / Binge

Steady / Regular

Length of last binge (days) _____

Days of the week of heaviest use

Length between bouts (days) _____

REASONS (please be specific)

Locations (please circle) Pub / Bar Restaurants At work Street
Outdoors In own home / apartment In other people's homes / apartments
At private clubs Social events Other

(specify) _____

Social Settings (please circle) Alone With spouse Relatives Male friend
Female friend Business associates Friends of both sexes
People I meet after drinking Other

(specify) _____

Cohabitants drinking / drug use (spouse, roommate, etc.)

Yes (specify) _____
No

Are you pressured because of their use? (please circle) Yes No

Periods of abstinence

(a) Usual reason for stopping (be specific)

(b) Usual reason for starting again (be specific)

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What are some of the goals you would like to achieve in your first year of sobriety? (Be specific)

Horizontal lines for writing goals.

Explain why you want to be in Psalm 23 Transition Society and in what ways can we help you to achieve your recovery and future goals? (Be specific)

Horizontal lines for writing explanation.

I, _____ (please print clearly)

being in need of help with my transitional living in recovery, I ask to be admitted into Psalm 23 Transition Society and commit to a minimum of 5 months in the program.

Signed this _____ day of _____ 20__

Signature: _____

Intake Worker: _____