



APPLICATION FOR RESIDENCY

Once we receive the completed application form (including medical portion), we will contact you for an interview. Following the interview with Mustard Seed/Hope Farm staff, the successful applicant, who has been sober for a minimum of seven days, is eligible for residency at the first available bed.

Full Name: _____
Social Insurance No.: _____ Care Card No.: _____
Citizenship: _____
Address: _____

Height: _____ Weight: _____ Hair Colour: _____ Eyes: _____
Marital Status: _____ Date of birth: _____
Contact information: _____

Why do you want to come to Hope Farm? _____

Describe in detail how your drinking, drug taking, gambling or other addiction affected you and your life (for example, describe the effects on family relationships, employment, health, social life, etc.)?

Please describe in detail your alcohol, other drug use: Feel free to use the back of this page if necessary

- a) **What do you use most often?** _____
- ◆ Pattern of use (daily, binge) _____
 - ◆ Amount of use per occasion _____
 - ◆ How long have you used this substance? _____
 - ◆ How long has this been a problem for you? _____
 - ◆ Date you last used this substance? _____

- b) **Other drug used:** _____
- ◆ Pattern of use (daily, binge) _____
 - ◆ Amount of use per occasion _____
 - ◆ How long have you used this substance? _____
 - ◆ How long has this been a problem for you? _____
 - ◆ Date you last used this substance? _____

- c) **Other drug used:** _____
- ◆ Pattern of use (daily, binge) _____
 - ◆ Amount of use per occasion _____
 - ◆ How long have you used this substance? _____
 - ◆ How long has this been a problem for you? _____
 - ◆ Date you last used this substance? _____

Skills and abilities:

Physical barriers:

Are you presently seeing a doctor regularly for any reason, including just refilling medication? Yes _____ No _____

If yes, explain:

Doctor's name: _____ Phone: _____

Please describe current medical problems including chronic health issues, recent surgery, injuries, pain, etc:

Please list all prescription medications you are currently taking or prescribed: _____

Have you ever experienced mental health concerns: (for example, panic attacks, hallucinations/delusions, uncontrollable rage, mood swings, mental illness, etc.)?

No _____ Yes _____

If yes, what are the mental health concerns?

Were these mental health issues a *direct* result of drug or alcohol use? Y___ N___

Please describe in detail how these mental health concerns have affected you or others both in the past and currently:

If you are currently under the care of a doctor/psychiatrist/psychologist, please give name and phone number:

Name: _____ Phone: _____

Have you ever had thoughts of suicide or self-harm? Yes _____ No _____

If yes, please describe: _____

Do you have a criminal history? Yes _____ No _____

If yes, list the type of conviction(s) and approximate dates:

Describe any outstanding or pending legal charges:

Are you on probation? Yes ___ No ___

Are you on parole? Yes _____ No _____

If yes, for what offence: _____ Name of P.O. _____

P.O. phone: _____ P.O. Agency/Office _____

Describe your spiritual life:

Briefly describe your experience with church or with other religious traditions. Was it a positive experience or negative? _____

What are your source(s) of income:

Is there anything else you feel we should know? _____

Are you willing to make a minimum six month commitment to residency at Hope Farm?
Yes _____ No _____

How willing are you to trust the staff, other residents, and the programme of Hope Farm?
Not at all 1 2 3 4 5 6 7 8 9 10 Completely

How willing are you to do what it takes to be free from your addiction?
Not at all 1 2 3 4 5 6 7 8 9 10 Completely

I understand that, when processing this application for residency at Hope Farm Healing Centre, the Mustard Seed Street Church may need to disclose my name to my physician or other individuals or agencies identified by me on this application. This disclosure, would be required in order to obtain supplemental information that is necessary to determine my suitability for residency and to confirm my method of room and board payment. I give my permission to the Mustard Seed Street Church to disclose my name for the reason identified above.

Signature: _____ Date: _____

NOTE: The information provided on this application, is for the private and confidential use of the Mustard Seed Street Church in its assessment of the applicant for residency at Hope Farm Healing Centre.

Office Use Only: Date Interviewed: _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Accepted with the following reservations: _____ <input type="checkbox"/> Not accepted Date of intake at Farm _____ Interviewed By: _____ _____ _____
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Hope Farm Healing Centre
Medical Assessment

Applicant's name: _____ Date Form Completed _____

Applicants must have this completed by a physician and sign the bottom of this form.
NB: The cost of this health questionnaire is the responsibility of the applicant.

History of:		yes	no	Please explain 'yes' responses
1	Allergies			
2	Central Nervous System			
3	Epilepsy, Withdrawal Seizures			
4	Pain: Acute, Chronic			
5	Mental Health Disorders			
6	Suicidal Thoughts			
7	Attempted Suicides			
8	Drug or Alcohol Abuse or Addiction			
9	Eating Disorder			
10	Sleeping Disorder			
11	Respiratory System Disorders			
12	Circulatory System Disorder BP ___/___			
13	Gastrointestinal Disorder			
14	Hepatic Disorder (i.e. HCV, HBV, Hepatitis)			
15	Pancreatic Disorder (i.e., Diabetes, Pancreatitis)			
16	Urinary System Disorder			
18	STDs, HIV+, AIDS			
19	Other Health Problems or Recent Hospitalisation			
TB Screening: Symptoms and History				
1	Presence of a cough lasting more than two weeks			
2	Weight loss ___#lbs___length of time			
3	Night sweats			
4	Fever			
5	Fatigue			
6	Haemoptysis (Blood in Sputum)			
7	Recent or past exposure to TB			
8	Previous active TB and treatment			
9	Previous significant Mantoux results or Chest X-ray results			

10	Extensive travel (or birth) in a country with a high incidence of TB			
11	Other risk factors for infection (Aboriginal, elderly, homeless, health care worker)			
12	Poor general health status and risk factors for progression of disease			
Actions				
	Further TB screening or assessment required (if 'yes' please fax results to Hope Farm Healing Centre 250.748.4495)			

Current Medications (Including prn meds and OTC)		
Medication Name	Prescribed By	Length of Time Used

Are there any special problems (physical or psychological) that should be considered in the treatment of this applicant (e.g., difficulty with stairs or anxiety attacks, &c)

Please attach:

- Relevant medical, laboratory, or radiological reports
- Recent psychological assessments or evaluations

Are you the applicant's regular physician? Yes No

Physician _____ Signature _____
Mailing Address _____ Postal Code _____
Phone _____ Fax _____

I hereby authorise the above-named physician to release to the Mustard Seed Street Church medical information which is required to assess my suitability for acceptance and admittance to Hope Farm Healing Centre.

Applicant's Signature _____ Date _____