



**CHARLFORD
HOUSE**

Charlford House Society for Women Referral Form

MISSION

Our mission is to provide women with a safe, healthy and caring environment in which to experience recovery

VALUES

We foster respect, compassion, and dignity among our clients, staff, board and volunteers.

We embrace recovery as having a profound impact on individuals and their families.

We cultivate peer relationships and mentoring in our highly structured living environment.

We support community integration through attendance at Alcoholics and Narcotics Anonymous meetings outside our facility.

VISION

To stop the cycle of dependence by increasing resources available to women entering into recovery.

To provide a professionally staffed home in a non institutional atmosphere.

To inspire hope and establish lifelong relationships with the women and families we serve

Referral Source Information

Referral Date: _____ Made by: _____

Agency/Health Authority: _____

Agency Address: _____

Telephone: () _____

Fax: () _____ E-mail _____

Client Personal Information

Name: _____ Middle Initial _____ Age: _____

Other Names used: _____

D.O.B. _____ S.I.N. # _____ PHN# _____

Birth Certificate [] yes [] no SIN Card [] yes [] no

Picture I.D. [] yes [] no Medical card [] yes [] no

Phone: _____ E-Mail _____

Client Address: _____

Postal Code _____

Client Citizenship: _____ Country of Origin: _____

Emergency Contact: _____ Relationship: _____

Clean Date: _____

Reason(s) for Referral:

A&D Counselor: _____ Agencies _____

Phone _____

Other Recovery / Treatment Programs client has attended:

Program/Year: _____

Outcome/Comments: _____

Program/Year: _____

Outcome/Comments: _____

Recovery support (sponsor, homegroup?): _____

1st drug of choice enter #1, 2nd drug of choice enter #2 and so on:

☐ alcohol ☐ cannabis ☐ hallucinogens ☐ cocaine ☐ heroin

☐ amphetamines ☐ tobacco ☐ fentanyl ☐

☐ other (please specify) _____

Age of Onset: alcohol ☐ cannabis ☐ hallucinogens ☐ cocaine ☐
fentanyl ☐ heroin ☐ amphetamines ☐ tobacco ☐ other ☐

Poly Drug Use Presently: Y ☐ N ☐

Injection Drug User: Y ☐ N ☐

Methadose Maintenance: Y ☐ N ☐

Suboxone Maintenance: Y ☐ N ☐

Drug Withdrawal: Y ☐ N ☐

Alcohol Withdrawal: Y ☐ N ☐

☐ Methadose _____ mg Taken since _____

☐ Suboxone _____ mg Taken since _____

Addictions Physician: _____

Phone #: _____ Fax #: _____

Clinic/Program: _____

Other Problematic Addiction(s) / Behaviour(s)

(check all that apply)

- ☐ Electronics / Internet
- ☐ Gambling
- ☐ Hoarding
- ☐ Pornography
- ☐ Relationships
- ☐ Sex
- ☐ Shopping / Spending
- ☐ Stealing / Theft
- ☐ Other:
- ☐ Other:

Primary Problematic Behaviour(s):

Longest Abstinence Achieved:

Current Risk of Relapse: ☐ Very Low ☐ Low ☐ Moderate ☐ High ☐ Very High

Comments:

Safety Concerns / Impacts of Violence

Domestic Violence (Family of Origin) Past ☐ Recent ☐ Current ☐ Never ☐ Unknown ☐

Domestic Violence (in Relationships) Past ☐ Recent ☐ Current ☐ Never ☐ Unknown ☐

Sexual Abuse/Assault Past ☐ Recent ☐ Current ☐ Never ☐ Unknown ☐

Other Violence: _____ Past ☐ Recent ☐ Current ☐ Never ☐

Client has been violent with others: _____ Past ☐ Recent ☐ Current ☐ Never ☐

Current Restraining / No Contact Order(s) : No ☐ Yes ☐ Required ☐

Victims Services Involvement: No ☐ Yes ☐ Required ☐

Please provide any other information relevant to current safety concerns or any current or ongoing impacts that violence may have on client's/self current recovery processes:

Probation/Parole Officer: _____ Phone _____

Dependent Child(ren)?

No ☐ Yes ☐ How Many: _____

☐ Living with separated spouse/partner ☐ Living with other family member(s)

☐ In foster-care ☐ MCFD involved

Social Worker: _____ Phone _____

Email _____

Occupation: _____

Educational Details: _____

Marital Status: _____

Details of Funding:

Income:

Self-Pay: Y ☐ N ☐ ☐ F/T Employed ☐ P/T Employed

☐ Not in the Labour Force ☐ Unemployed

☐ MSD (Income Assistance)

☐ Basic ☐ PPMB ☐ PWD

☐ Employment Insurance

EI Expiry Date: _____

☐ Canadian Pension Plan CPP – monthly amount: _____

Direct Deposit? ☐

☐ EAP / Private Insurance EAP / Ins. Carrier: _____

Agency: _____ Contact: _____

Phone: _____ Address: _____

Accommodation Fee Subsidy? Yes [☐] No [☐] Child tax credit? Yes [☐] No [☐]

Family Maintenance? Yes [☐] No [☐] Family support? Yes [☐] No [☐]

Mental Health / Medications(to be filled out by doctor or therapist)

_____ Diagnosed ☐ Never Assessed ☐ Suspected ☐ Assessment Recommended ☐

_____ Diagnosed ☐ Never Assessed ☐ Suspected ☐ Assessment Recommended ☐

_____ Diagnosed ☐ Never Assessed ☐ Suspected ☐ Assessment Recommended ☐

_____ Diagnosed ☐ Never Assessed ☐ Suspected ☐ Assessment Recommended ☐

_____ Diagnosed ☐ Never Assessed ☐ Suspected ☐ Assessment Recommended ☐

Anorexia: Diagnosed ☐ Never Assessed ☐ Past ☐ Recent ☐ Never ☐ Current ☐

Over-Exercise: Past ☐ Recent ☐ Never ☐ Current ☐

Bulimia: Diagnosed ☐ Never Assessed ☐ Suspected ☐ Purging Past ☐ Recent ☐ Never ☐ Current ☐

Laxative Misuse: Past ☐ Recent ☐ Never ☐ Current ☐

Suicidality: Past ☐ Recent ☐ Never ☐ Current ☐ Comments: _____

Attempt(s): Past ☐ Recent ☐ Never ☐ Current ☐ _____

Ideation: Past ☐ Recent ☐ Never ☐ Current ☐ _____

Self-Harm: Past ☐ Recent ☐ Never ☐ Current ☐ Comments: _____

Incident(s): _____

Ideation: _____

Recent Hospitalizations:

most recent incident dates(s), etc.

which hospital, year / date of admission/exit, reason for admission.

Medical Conditions/ Communicable Infections

- ☐ Acquired Brain Injury
 - ☐ HIV
 - ☐ MRSA: Medical Clearance required if MRSA has been active w/in 12 months
 - ☐ Degenerative Disc Disease
 - ☐ HEP-C
 - ☐ TB: Date of last test: _____ ☐ TB Positive ☐ TB Negative
- TB test results required; Please attach original (if faxing, facsimile will be accepted)
- ☐ Chronic Pain
 - ☐ ALLERGIES (Medications, Food, Environmental)
 - ☐ Fetal Alcohol Spectrum Disorder

Special Needs / Challenges:

Special Dietary Needs:

Please note: in the event that you are not honest with the above disclosure you will be subject to discharge. If any medical issues arise during your stay her that prevents full participation for any length of time you will be asked to leave and return when fully recuperated.

Upon intake all medications/prescriptions will be moved to Safeway Pharmacy at Kensington Mall .fax 604-291-1339

Dr. _____ Phone _____

Current Meds:

1. _____ Reason: _____

2. _____ Reason: _____

3. _____ Reason: _____

4. _____ Reason: _____

Allergies: _____

TB test results required, please attach original (if faxing, facsimile will be accepted)



Criteria for Intake

Charlford House Society for Women believes that all adult women deserve a chance to address their substance abuse issues equally. Charlford House has developed a proven program that serves the majority of women applying for residency. Participation is a key factor in our program and group activities are mandatory. Unfortunately there are some women who would not be able to participate due to the logistics and dynamics of the program. Upon the intake interview a counselor will discuss any limitations that may arise. Below is a list of some of the criteria necessary for successful intake.

1. Must have a 2 week prescription for all medication
2. Must be off any type of benzodiazepine for at least 3 months
3. **TB free with test completed and sent to Charlford House**
4. Medications must not affect cognition
5. Able to sit in group for an hour at a time
6. Stabilized from any co-occurring disorder or illness including eating disorders
7. If incontinence is an issue must supply own protection
8. Physically able to perform house chores
9. Special dietary needs must be provided by client, i.e. Ensure
10. Ability to read and write legibly
11. Ambulatory:
 - Able to walk at a good pace up to 13 or 14 blocks
 - Go up and down stairs
 - Complete chores in a timely manner on a daily basis
 - Participate in light exercise at the gym twice a week

Interview and tour is required before acceptance into Charlford House

I have read and understood the above criteria for residency at Charlford House and will abide by them knowing that inconsistencies will be subject to denial of intake:

Signed _____

Date _____

Witness _____

Please fax to: 604-420-4629

Or mail to: 6845 Kitchener Street, Burnaby, B.C. V5B 2J8

Phone: 604-420-4626

E-mail: kaela@charlfordhouse.ca

E-mail: stacie@charlfordhouse.ca

website: www.charlfordhouse.ca

Form Revised February 21, 2019

Charlford House Society for Women

6845 Kitchener St. Burnaby, B.C. V5B 2J8

Phone: 604-420-4626 Fax: 604-420-4629

kaela@charlfordhouse.ca

www.charlfordhouse.ca

For over 47 years Charlford House has provided a supportive recovery home for women who wish to address their substance abuse issues. The women who come to our home are newly detoxified individuals who are in need of the safe and structured support of a home that is situated in a family oriented neighborhood.

Charlford House offers a “Woman Centred” program based on the philosophy of the 12 Steps of A.A. Within the context of a therapeutic community, women are able to explore their internal worlds of self-worth and self-identity through a group and individual counselling process. The professional support of trained counselors and support of like minded women, who are determined to change their lives, come together to create a unique balance of love and structure that allows each woman to risk the process of personal change.

The individual client is treated in the context of the bio-psycho-social model that deals with all aspects of her life including parenting. Our treatment team provides case management and linking services in a collaborative way that assists the mothers in our program to begin the restoration of roles as capable parents. Charlford House staff encourages moms to invite their kids on weekends if possible. The therapeutic value of caring for her child fosters a sense of self-worth, personal responsibility, and develops a positive maternal relationship for the future.

Before discharge staff assists clients to access outpatient counselors, doctors, parenting and career exploration programs. Attendance to outside programs is encouraged to make the transition into the community as smooth and stress free as possible. Once discharged alumni are invited to return to the house as role models and friends to women who are new in the program. Our alumni are important to Charlford House as volunteers and are welcome to attend group, come for a visit, or talk to a counselor when needed. Many women form positive relationships while in the house that last for years in the community.

Treatment Philosophy

Within the parameters of the Transtheoretical (Model of Change) theory, a myriad of treatment approaches are employed in Charlford House group sessions. Cognitive-behavioral, relational and empowerment models couched within the framework and language of the 12 Step philosophies are some of the preferred methodology used within the group environment. Group participation provides opportunities for introspection and exploration of addictive behaviors and the consequences that lead chemically dependent women to our program. The daily intense group interaction facilitates identification of

issues by recognizing of those same issues in other women. Relating to another’s experience allows clients to foster emotional intimacy with other women who have experienced similar problems. Isolation is a common symptom of addiction and emotional intimacy is an important component to the fellowship that is an integral part of the 12 Step Program. In the knowledge that self-centeredness is at the core of addiction, Charlford House creates a safe and supportive atmosphere that encourages women to begin to think in terms of care and concern for others. Problems become solutions when they are seen as surmountable challenges that can be faced with the support and love of friends.

Individual counselling is based on the Motivational Interviewing model approach that strategically directs clients to examine, explore, and resolve the ambivalence they have about their behavior. The goal of the informal sessions is to elicit self-motivational statements from the client, and direct these statements towards change. Raising self-esteem is the cornerstone of this approach. Concern about

their own behavior, the knowledge that they have the ability to affect change and are learning the skills to do it are the key factors in the individual sessions. Counselling sessions are available on an as needed basis and are relaxed and informal without the barrier of structured appointment times.