



Association Advocating for Women and Community

Incorporation Number S-32261

Olive's Branch Application

Applicant Name: _____ Date: _____

Contact Information: _____ Date of Birth: _____

Referring Agency: _____ Name of person referring: _____

INTRODUCTORY

1. What do you know about Olive's Branch?

2. What are your reasons for applying for Olive's Branch?

3. How do you believe that participating in Olive's Branch will help you? Also are you willing to meet on a regular basis with Olive's Branch staff in regards to your sobriety?

4. Are there caseworkers, counselors, mental health staff, etc. involved in your care? If so, please list all individuals/teams.

5. Do you currently or have you ever had any criminal charges and/or convictions for:

Arson Sex Offense Felony Drug Conviction and/or Violent Crimes

* Failure to disclose all charges and or convictions will result in immediate discharge from the program*

If Yes to any of the above, please provide more detail on the charge(s) and or conviction(s).

SOBRIETY HISTORY

1. Are you currently struggling with an addiction? If so, what is your substance of choice?

2. What situations cause you to use? What would help to prevent a relapse?

3. Have you ever had a period of sobriety? What was your longest length of sobriety? When?

4. Have you ever attended a treatment facility or participated in a sober living program before? If so, which one and could you please describe what did and did not work for you?

5. At this point and time how would you describe your perfect recovery model?

6. What efforts are you willing to take in order to accomplish your goals?

7. What are you unwilling to change or give up for your sobriety?

PROGRAMMING

- 1. Participating in programming is mandatory, how comfortable are you in group settings as well as one on one settings?**

- 2. Do you have any questions regarding the mandated programming?**

- 3. Guests are permitted during designated times and must provide a piece of identification upon signing in. Do you have any concerns regarding the guest policy?**

- 4. Are you currently employed or participating in an educational program? If yes, is it full-time? Part-time? How long have you been participating in it?**

GENERAL

1. Do you have a spouse, or any other family/friend supports?

2. Do you have a vehicle? Is it in operative condition, registered and insured in your name?

3. Do you have any mobility restrictions or anything that could prevent you from maintaining the cleanliness of your space? If so, please describe.

4. What is something you enjoy doing but currently are unable to? i.e. crafts, swimming etc.

5.

****In affixing my signature below, I agree that all information on this application is true to the best of my ability.****

Name (Print): _____

Signature: _____

OFFICE USE ONLY

Move to intake: Yes No

Notes:

The above named agencies to collect, use and share specific and limited need-to-know personal information about me (including my photograph, social services, health, corrections and law enforcement agency's information) that will be used to assist me to secure housing and to provide coordinated HIP services to me.

While I am a participant in the HIP Program my consent will expire no later than one year after signing. I can also withdraw my consent at any time by contacting my HIP Case Manager.

(Client's signature or person authorized to sign for client)

(Date)

(Witness) print name and sign

Agency

The personal information in this form is collected by HIP under s. 26 (c) of the *Freedom of Information and Protection of Privacy Act* and section 6 (2) of the *Personal Information Protection Act*. The personal information will be used to confirm your consent given above. Should you have any questions about the collection of this personal information please contact: HIP Integrated Care Coordinator at 250 562-6262.