

Addictions Supportive Housing (ASH) Thames Valley  
260-200 Queens Avenue · London, Ontario · N6A 1J3  
Fax: 519-850-7330

The purpose of this form is to provide initial entry for applicants into the ASH program. This form may be completed by a service agency, current counsellor or the applicant.

ASH has locations in London, Strathroy, Woodstock and St. Thomas to serve applicants throughout Thames Valley.

**To apply for Addictions Supportive Housing applicants must meet the following:**

**Primary Eligibility Requirements:**

- Currently experiencing problematic substance use or require relapse prevention and history of multiple entries in the treatment continuum (residential treatment, community treatment, AA/NA, etc.)
- Current and historical track record of homelessness – including stays in shelter, on the street, or couch surfing with friends/family
- Unable to obtain or maintain housing without support
- Not experiencing a serious mental illness or Acquired Brain Injury which significantly impairs judgment and daily living.

**Admission Criteria includes:**

- Participation in a comprehensive screening & assessment process in order to develop an appropriate treatment plan
- Expression of a strong desire to live independently
- Participation in services that support stabilization, if required
- Must express a strong desire to make changes in their problematic substance use
- Agreement to abide by rules, policies and procedures of program, including refraining from smoking inside the housing units
- Required to meet with their Intensive Addiction Case Manager and attend at least one group weekly
- Ability to participate in self-management of unit and basic home maintenance with assistance
- Ability to manage personal health care
- Legitimate income source
- Qualifies for rent supplement
- No impending jail terms (otherwise applicant will be placed on wait list)
- No imminent danger to self, staff or other participants

Before completing this referral we encourage you to visit our website at [www.adstv.on.ca](http://www.adstv.on.ca) for further information.

Completed referrals may be faxed to  
**(519) 850-7330**

**ATTN: Addiction Supportive Housing (ASH)**



### 3. Health and Cognitive Functioning

#### Physical Health:

1. Does the applicant have any physical health conditions or challenges? (e.g., hearing impairment, diabetes, mobility impairments, etc?)  Yes  No
  - *If yes, describe: (use additional sheets if necessary)*
  
2. Does the applicant have any allergies?  Yes  No
  - *If yes, describe: (use additional sheets if necessary)*
  
3. Does the applicant need regular use of a wheelchair?  Yes  No Or a walker?  Yes  No
  
4. Is the applicant physically able to care for him/herself without assistance (e.g., feed and bathe themselves, do housekeeping)?  Yes  No
  - *If no, what type of assistance is required? \* applicant must be capable of living independently as the ASH program is not staffed 24 hours a day.*
  
5. Does the applicant have any known cognitive impairments (e.g., memory impairments, learning disabilities, Korsakoff's Syndrome/"Wet Brain," dementia)?  Yes  No
  - *If yes, describe:*
  
6. Does the applicant have a history of head injury or concussions?  Yes  No
  - *If yes, provide details (dates of injuries, # of head injuries/concussions, and lingering symptoms...e.g. memory problems, aggression, etc.):*

#### Mental Health:

1. Does the applicant have a diagnosed mental health issue (e.g., anxiety, depression, PTSD, schizophrenia etc.)?  Yes  No
  - If yes:*
    - *What is/are the diagnosis/es? When were they made?*
  
  
  
  
  
  
  
  
  
  
    - *Are the symptoms of the mental illness under adequate control by counseling and/or medication?*  
 Yes  No
      - *If yes, what medication or treatment is the applicant receiving?*
  
  
  
  
  
  
  
    - *If no, please describe the symptoms:*
  
2. Has the applicant had thoughts of suicide in the last month?  Yes  No
  
3. Has the applicant attempted suicide in the last 12 months?  Yes  No
  - *If yes, specify date(s) of attempt(s):*

**4. Substance Use and Treatment History**

Contacted/Attended ADSTV before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) (month & year) of ADSTV contact (if known/applicable)
----------------------------------------------------------------------------------------------	---------------------------------------------------------------

Please describe history of substance use (i.e., age of onset of various substances used, and course/history of use)

**History of Addictions Treatment**

Please provide information below on any previous addictions treatment (Withdrawal Management, Residential Treatment, Community Treatment, Addiction Counselling, NA/AA, etc.)

Agency/Service Provider Name	Start Date (dd/mm/yy)	End Date (dd/mm/yy)	Program Completed
1			
2			
3			
4			
5			

**5. Housing/Homeless History**

Does the applicant have a history of homelessness, housing instability or inadequate housing? (i.e., lived in shelter or on the street, or had to 'couch-surf' / stay with friends, or live in substandard housing).  Yes    No

- If yes, please provide your address history for the last 5 years below (this may include your own apartment, shelters or staying with a friend, etc). Please attach a separate page if more space is needed

	Address/Location	Dates Resided	Reason for Moving
1			
2			
3			
4			
5			
6			

## 6. Current Living Arrangements

1. What is the applicant's current living situation? (address and whether it is their own place, with family, etc):
  
2. Can the applicant live there indefinitely or is there a limit to how long they can stay there?  Yes  No
  - If yes, specify required move-out date:
  
3. Does the applicant currently pay rent where they are living?  Yes  No
  - If yes, how much are they paying?
  
4. Does the applicant have any concerns about their current living environment? Is it inadequate or risky for them in any way, including regarding risk of relapse, etc?
  
5. Is the applicant currently experiencing violence of any kind?  Yes  No
  - If yes, please explain:

## 7. Community Supports

Please provide information about the community supports **currently** received (e.g., counsellor, AA/NA sponsor, etc)

	<i>Agency Name</i>	<i>Contact</i>	<i>Length of Involvement</i>
1			
2			
3			

## 8. Legal History

Please provide information regarding current and past legal involvement (criminal and/or family courts)

	<i>Description</i>	<i>Year</i>	<i>Court Decision</i>
1			
2			
3			
4			
5			

Is the applicant currently on Probation/Parole?  Yes  No

- If yes, who is their probation/parole officer? \_\_\_\_\_

\*note: if on probation/parole, the attached client consent form must be completed to allow ADSTV to contact the Ministry of Community Safety and Correctional Services to discuss eligibility



# Addictions Supportive Housing Program



## Client Consent Form

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
Last Name First name Address

**I have placed my initials beside the names of those service providers who I agree may share my personal information.**

\_\_\_\_\_ **all Addiction Supportive Housing Program collaborative partners, or only those specified:**

- |                                                |                                                              |
|------------------------------------------------|--------------------------------------------------------------|
| _____ Regional HIV/AIDS Connections            | _____ Middlesex London Health Unit                           |
| _____ Addiction Services of Thames Valley      | _____ Ministry of Community Safety and Correctional Services |
| _____ At'loh'sa Native Family Healing          | _____ (Probation/Parole)                                     |
| _____ Canadian Mental Health Association       | _____ Mission Services                                       |
| _____ Middlesex, Oxford and/or Elgin           | _____ Ontario Works                                          |
| _____ Centre for Addiction and Mental Health   | _____ Ontario Disability Support Program                     |
| _____ Child Welfare Agency                     | _____ Oxford County Public Health Unit                       |
| _____ Elgin/St. Thomas Public Health Unit      | _____ Oxford County Housing                                  |
| _____ Elgin St. Thomas Housing Corporation     | _____ Salvation Army                                         |
| _____ London Abused Women's Centre             | _____ Strathroy Caradoc Police Services                      |
| _____ London CArE's                            | _____ St. Joseph's Health Centre                             |
| _____ London Health Sciences Centre            | _____ Unity Project and Region                               |
| _____ London Intercommunity Health Centre      | _____ Women's Community House                                |
| _____ London Police Services                   | _____ Women's Rural Resource Centre                          |
| _____ London and Middlesex Housing Corporation | _____ Other                                                  |

**Previous Treatment or Addictions Services (please specify):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other (please specify):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For the purpose of:** Service Coordination and Treatment

**This Consent is valid for the following period:** One year from date of signature

**I understand that I may revoke this consent in writing at any time.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date