



REFERRAL INFORMATION		
Referring Agent		Referring Agency
Phone Number	Fax Number	E-mail
Reason for Referral		
RESIDENT INFORMATION		
Name		DOB
Address		Age
Phone No.		Marital Status
SIN		Care Card Number
Family/Next of Kin Contact		Phone No.
Number of Children		
Special Interests/Talents/Skills		
EMERGENCY CONTACT INFORMATION		
Name		Address
Phone No.	Alternate Phone No.	Relationship
Alcohol and Drug Counselor		Phone No.
Case Manager		Phone No.
Family Physician		Phone No.
Psychologist/Psychiatrist		Phone No.
Other Professional/Community Supports		Phone No.



Psychiatric Information		
Psychiatric Diagnosis/History of Mental Illness <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain;</i>		
Have you ever been hospitalized for a psychiatric illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide date and details;</i>		
Suicidal Thoughts? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain;</i>		
History of Self-Inflicted Harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain;</i>		
History of Physical Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No History of Sexual Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No History of Trauma <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL INFORMATION		
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe;</i>		
Health Problems <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details;</i>		
History of Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details (substance related);</i>		
Tobacco Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		Number per day
Current Medications		
Medication	Dosage	Purpose/reason prescribed Ozanam House Referral Form for use
1.		
2.		
3.		
4.		
5.		
6.		

Method of Payment: Social Services _____ Private Pay _____

***Note: Do you have any outstanding Legal Issues that would prohibit funding by Social Services?:
Yes _____ No _____



ALCOHOL AND DRUG USE SUMMARY			
Substances Used (✓)	Within Last Month	Within Last Year	Within Your Lifetime
Alcohol			
Marijuana			
Cocaine/Crack			
Heroin			
Ecstasy (MDMA)			
GHB			
Crystal Meth			
LSD (Acid) Psilocybin (mushrooms)			
HOW LONG HAVE YOU BEEN SUBSTANCE FREE?			
Other Addictions of Concern (<i>for example, gambling, shopping, sex, gaming</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain;</i>			
Prescription/Other drug Misuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please explain;</i>		Drug of Choice?	
Residential Treatment Attended treatment <input type="checkbox"/> Yes <input type="checkbox"/> No - if yes, completed treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Location & dates:			
Methadone Maintenance Program <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide start date and dosage		Prescribing Physician	
History of Aggressive/Violent Behaviour? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain;</i>			
LEGAL INFORMATION			
Currently on Probation/Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details re conditions of your probation/parole (no contact order, curfew, counseling, etc.)</i>			
PERSONAL INFORMATION			
Level of education completed <input type="checkbox"/> Elementary (K – 6) <input type="checkbox"/> Middle (7-9) <input type="checkbox"/> Senior (10-12) <input type="checkbox"/> Post Secondary			
Does client have any special needs (literacy, nutritional, disability, medical, spiritual, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please describe;</i>			
Referral agent signature _____		Applicant signature: _____	
Date: _____		Date: _____	



REMOVING OBSTACLES ON THE PATH TO INDEPENDENCE

Welcome!

Thank you for your interest in Ozanam House. During its existence, Ozanam House has helped many men achieve substance free living and increased quality of life. At Ozanam House, we encourage residents to review all areas of their lives, not just addiction. We believe if a person makes positive changes to their mental, physical, emotional, spiritual, and financial status, substance free enjoyment of life will occur.

Ozanam House is a creation of the Society of St. Vincent De Paul of Central Okanagan. The Society's mandate is to give men "a hand up, not a hand out." With a permanent staff and a core group of volunteers, Ozanam House will focus on those who show the desire and motivation to change.

By Providing affordable housing in a stable, drug and alcohol free setting, Ozanam House has created an environment in which personal development can flourish. Up to 19 men benefit from home cooked meals, companionship, programming and counselling, allowing them to become productive members of the community.

Management & Staff of Ozanam House



1. All occupants are expected to be actively engaged in all areas that will help improve their chances of remaining substance free. These areas include but are not limited to:

- Remain substance free.
- Participating in mandatory programming.
- Accessing needed physical and/or mental health care.
- Accessing an alcohol and drug counsellor.
- Addressing financial, legal, and self care needs and commitments.

2. Persons engaged in a “Methadone Program” must have a methadone Doctor in Kelowna prior to entering Ozanam House. If you do not, you must have your doctor refer you to a Kelowna doctor who is authorized to deal with methadone treatment. You must have this arrangement in place **PRIOR** to your arrival at Ozanam House.

Persons receiving methadone **MUST** be stabilized prior to entry into Ozanam House, i.e. No signs of ‘**NODDING OFF**’ after ingesting methadone, or appearance of “sketching” behaviour between doses.

3. There are certain behaviours that will result in **AUTOMATIC DISCHARGE** from Ozanam House with **NO EXCEPTIONS**.

- Breaking into any locked rooms or seen going into another person’s room without permission. Engaging in any criminal activity.
- Bringing substances onto the Ozanam property for consumption or sale.
- Engaging in any acts of violence toward occupants and/or staff. This includes any physical, verbal or emotional abuse, threats, intimidation, acts of sexism, racism or harassment with the intent to demean, belittle, bully or treat someone as if they are less important or valued than yourself or others.

○ *Definition of personal harassment. Section 3.4 of Policy Manual.*

Other reasons for possible discharge include but are not limited to:

- Non-compliance with prescribed medication that may result in physical or emotional harm to self or is causing a disruption to residents of Ozanam House.
- Non-compliance with house rules.
- Consumption of alcohol and drugs.

**** Note:** Should discharge result, where possible, 24-48 hours notice will be given. Thirty (30) days notice by Ozanam House is not required as a condition of the “Occupancy Agreement.” ******

I have read the above and understand all terms and conditions for “Occupancy” at Ozanam House and agree to abide by them.

Signature: _____

Date: _____

Witness: _____

Date: _____