



Date _____

Men's Recovery Program
181 W. Victoria Street
Kamloops, BC V2C 1A5

This letter will confirm total costs required for admission into our Men's Recovery Program. Please review carefully and sign the agreement.

MHSD Funded:

- Daily per diem of \$40 paid by the Ministry of Housing and Social Development will cover all costs of the program, unless otherwise noted and initialled by client and operator below. No additional fees will be required from the client.

Self pay:

- Self pay clients agree to pay \$1,200 monthly in advance. NO refunds will be allowed for early departure.

TMS Men's Recovery resident:

PRINT NAME

SIGNATURE

Men's Recovery Manager:

PRINT NAME

SIGNATURE



The Mustard Seed orientation checklist

We are here to work with you, not against you. These regulations are not written to restrict but rather to protect. We encourage you to speak to us, as this is part of the life skills in recovery.

1. The new resident will sign and initial all admission forms. If the individual has questions or concerns, he is invited to ask for clarification. A copy of this intake package will be given to the resident upon completion.
2. Funding confirmation must be established prior to intake.
3. A tour of the facility will be given by a staff member.
4. An appointment with a nurse practitioner will be scheduled unless a pre-admission medical exam has been completed.
5. A recovery plan will be developed within the first week. This is to include a maintenance plan, which is relevant to controlling or coping with the inner turmoil and chaos associated in living a new life. This could be exemplified by:
 - Attending Alcoholics Anonymous/Narcotics Anonymous meetings at least five days per week
 - Working on The 12 Steps – Either “The Overcomer’s Spiritual 12 Steps” or the AA/NA 12 Steps
 - Developing a relationship with a sponsor or mentor
 - Praying or meditating for spiritual growth
 - Contacting mental health for access to recovery and motivational groups
 - Acquiring an alcohol and drug counselor
6. Curfew exists at all times; 10 p.m. Sunday to Thursday, 11 p.m. Friday and Saturday.
7. NO subscription mail is to be started while you are a resident in the facility.
8. Chores will be assigned to each individual while in residence.
9. All meals are to be eaten in the dining room or living room upstairs unless otherwise granted by the Recovery Manager. There is to be NO dishes allowed in the bedrooms.

RESPECT, RESPECT, RESPECT... FOR YOURSELF, FOR ONE ANOTHER, FOR STAFF AND ALL THE MUSTARD SEED PROPERTY.

Client signature: _____

Date: _____



Resident's communal living respects

Please read and initial all of these policies. Policies are necessary and must be maintained to ensure a safe, friendly and a drug/alcohol free home. If you do not understand these guidelines, please ask a staff member and they will be clearly explained to you.

1. General program policies:

- ___ A "Dreams & Goals" plan will be submitted within the first week.
- ___ A willingness to participate actively in an individual recovery plan must be demonstrated.
- ___ S.M.A.R.T. Recovery on Tuesdays 4:30 p.m. to 5:30 p.m. is **MANDATORY**.
- ___ One on One's are **MANDATORY**.
- ___ Street School is **MANDATORY**.
- ___ Spiritual/Mental/Emotional/ and Physical Wellness is **MANDATORY**.
- ___ 12 Step Work is **MADATORY**.
- ___ 10 hours a week of Community Service is **MANDATORY**.
- ___ Personal locks can be used for lockers. However, a spare key or combination must be given to the Recovery Manager for the purpose of room checks (otherwise it will be cut).
- ___ Bed checks may be conducted if staff suspects a possible overdose is occurring (safety checks).
- ___ It is mandatory that clients meet with the Recovery Manager once a week unless prior arrangements have been made and approved.
- ___ In order to assist in your rehabilitation process, the program may coordinate with other community resources to provide physical, mental, emotional, and spiritual help. (Holistic Approach)
- ___ Incoming donations are the property of the Outreach Centre and must not be gone through or taken by residents.
- ___ **RANDOM ROOM CHECKS WILL BE DONE BY STAFF AS THE NEED ARISES.**
- ___ **BED IS TO BE MADE DAILY FIRST THING IN THE MORNING.** Floor is to be kept clean from any debris. Night stands, dressers and cupboards are to be used for all belongings.
- ___ Illicit or illegal activities while in program will be reported to the RCMP.



____ Clothing with slogans concerning or including alcohol/drugs, derogatory slogans, racist, bullying, etc. are not permitted.

____ If there is opposition or resistance to the mandatory components of our program, an initial verbal warning will be delivered to the individual.

____ If there is still no change in attitude or behavior from the individual, a further discovery meeting may determine if the individual is still willing to succeed here. A signed contract may be discussed at this time.

____ Third infraction and the individual may be asked to leave the program.

____ The Day Room and basement are off limits, unless attending a meeting.

____ No subscription mail is to be started while you are a resident in the facility.

2. Group meeting participation:

Program attendance is mandatory to all residents. A resident can be excused from program attendance only upon a request to the Recovery Manager, and only if the request is valid (doctor's appointment or scheduled medical tests).

____ As a resident, I will attend every mandatory program offered without fail. I understand that I can ask for permission to be absent for valid reasons.

____ I understand this is a Christian facility and Bible study/Prayer will be respected. There is also to be respect to those who are not Christian.

____ No cell phones during programs.

____ Lack of respect towards other residents or staff will not be tolerated at any time.

3. Drugs and alcohol:

____ I understand that The Mustard Seed has ZERO TOLERANCE for the use or intended use of mood-altering substances. This includes possession of any non-prescription drug or drug paraphernalia.

____ A random urine sample may be requested by the Recovery Manager. Failure to provide this sample could result in immediate discharge.

____ The possession or use of any drug/alcohol will be cause for disciplinary action.

4. Health and safety:

____ To ensure resident safety, violence or threats of any kind (verbal or physical) will not be tolerated and will result in discharge.



- ___ Negative attitudes that affect other residents or are counter productive to the atmosphere in the home will not be tolerated and could result in discharge.
 - ___ NO sharing of any medications prescribed or over the counter at any time.
 - ___ Smoking is permitted in designated areas only. Smoking is not permitted anywhere in the building.
 - ___ A resident on parole or probation is responsible for ensuring his own compliance to the parole or probation orders. A copy of probation conditions must be made available. Your probation officer will be contacted.
 - ___ A high standard of personal hygiene is required.
 - ___ Residents are responsible for keeping their rooms tidy at all times.
 - ___ Isolating in one's room is not healthy for recovery and will not be permitted.
 - ___ Sheets, towels, blankets and facecloths are provided and are returned when resident leaves.
 - ___ All monies and valuables are the responsibility of the owner. At no time is The Mustard Seed responsible for lost or stolen items.
 - ___ A resident's bedroom should not be entered by another resident unless permission by that tenant is given to do so.
 - ___ No incense or candles are to be burned in the building.
 - ___ Theft or destruction of property will be cause for discharge. The resident will be charged the costs of repairs and criminal charges may be laid.
 - ___ No sleeping in common areas of the facility.
 - ___ No weapons, pornographic or offensive material is permitted on the premises.
- 5. Telephone, TV and internet (which is a privilege)**
- ___ No phone calls to or from the facility after curfew in the living room, unless it's an emergency.
 - ___ Television in living room can be turned on no earlier than 8 a.m. and shut down at 10 p.m. from Sunday to Thursday, 11 p.m. on Friday and Saturday.
 - ___ Stereo equipment is off by 10 p.m. Sunday to Thursday; 11 p.m. Friday and Saturday. This includes inside the bedrooms.
 - ___ Computers are to be used as a healthy resource for information and communication.



___ No pornography or swearing in chat rooms.

___ Do not adjust or download computer programs. ***ASK STAFF IF YOU NEED COMPUTER HELP***

The use of these computers and internet is a privilege, not a right.

TMS staff may use discretion regarding computers at any time.

6. House responsibilities

___ Residents will be assigned daily chores each week. Chores must be completed in a timely manner.

___ All house responsibilities must be completed each day according to chore list and/or instruction.

___ A satisfactory performance of chores will be determined by the (Floor Monitor). Assistance and instruction may be offered by the Floor Monitor.

___ Opposition or resistance to this mandatory component of our program will result in disciplinary action.

___ If there is still no change in attitude or behavior from the individual, a further discovery meeting may determine if the individual is still willing to succeed here.

___ At this time the resident will be made aware that the options are compliance or discharge.

___ The Recovery Manager must be made aware if residents are wanting to exchange house responsibilities.

___ A decision to exchange house responsibilities will be determined by the Recovery Manager once all residents involved have been spoken with.

7. Laundry

___ Posted lists indicate room numbers and corresponding days for laundry.

___ Laundry should be removed promptly to allow other residents access to the machines.

___ Keep the laundry room tidy. Wipe up any spills right away and empty lint traps when removing clothes from the dryer.

___ Any problems with machines should be reported to staff promptly.



8. Visitors

_____ Where supervision orders exist, a childcare worker or a foster parent MUST remain with the parent and child throughout the visit.

_____ Visitations can take place in the lounge area outside at the East end of the building in the basketball court.

_____ Residents will be held responsible for the conduct of their visitors at all times.

_____ If a visitor is suspect of drug/alcohol usage they will be immediately asked to leave.

_____ If a visitor is contributing to a negative atmosphere that is counterproductive to the serenity of the building they will be asked to leave.

_____ Residents and visitors will show respect and courtesy to all staff, volunteers and other residents.

_____ For confidentiality reasons, family and friends are NOT to be invited for meals.

Statement of confidentiality and shared information

The Mustard Seed is committed to preserving the personal rights and privacies of the individuals living in the home. To provide the best possible living environment there are a few exceptions to the rules. We are required by law to disclose information to the proper authorities for safety purposes. And these are:

- Attempted suicide or possibility of suicide
- Child abuse disclosures
- Breach of parole or probation terms
- Illegal activities that involve harm, injury or death to another person

Information will be shared between agencies for resident's performance records and for compliance with parole or probation orders.

By signing this document, I hereby state that I have read and/or have had the Statement of Confidentiality and Shared Information explained to me, and I understand fully the exceptions of disclosure.

Signature of Resident: _____

Date: _____



Signature of Witness: _____ Date: _____

Consent for release of information

NAME: _____ D.O.B. _____

I hereby consent to the release of medical, psychiatric, psychological, educational, employment, financial, or family information from my records to The Mustard Seed Recovery Manager/Employment Coach/Outreach & Clinical Supervisor/Counselor, while in the Men's Recovery Program.

I understand it may be helpful or necessary for my counselor to speak to other professionals who may be involved in aspects of my physical and emotional health. Wherever possible, this will be done with my understanding the intent of such contact. I have the right to know what has transpired in any conversation between my counselor and other professionals.

I therefore agree that the individuals, or agencies, indicated by my initials below, can release and share information concerning myself. I understand that this information may be used in my psychosocial rehabilitation process and may be considered in decisions made at The Mustard Seed.

| <u>Names</u> | <u>Phone #</u> | <u>Initials</u> |
|---------------------------------|----------------|-----------------|
| Probation/Parole Officer | | |
| Alcohol and Drug Counselor | | |
| Mental Health Worker | | |
| Psychiatrist/Psychologist | | |
| Doctor | | |
| Family Members | | |
| Pharmacies (Medication records) | | |

Please list any limitation to the release of information:



Date Signed: _____

Client Signature

Recovery Manager

Dietary needs

Are you a vegetarian? YES _____ NO _____

If you have any food allergies, please list them:

Are you a diabetic? YES _____ NO _____

Are you in need of a high protein diet? YES _____ NO _____

Fire and emergencies

It is crucial that residents understand the appropriate safety plans. The house has an emergency/evacuation plan that will be shared and understood by each resident upon entry into the program.

If a resident is found to be suffering from an overdose or other life-threatening injuries, self-induced or otherwise, notify staff **IMMEDIATELY. DO NOT** attempt to handle the situation on your own.

In case of a fire or other immediate emergencies notify the staff **IMMEDIATELY** and warn all other occupants of the home.

The fire and emergency procedures have been explained to me.

Signature of Resident: _____

Date: _____



Locking space agreement

___ **NO** lock of your own unless a second key and/or combination number is provided.

___ Lockers will be checked periodically by staff.

___ Missing, lost or stolen personal items are not the responsibility of The Mustard Seed.

Discharge process

The day will arrive that a resident will move from our facility to housing. We want to celebrate that event and assist in making it as easy as possible.

The resident should give notice as soon as possible after housing arrangements have been made.

Should the immediate discharge of a resident be necessary belongings should go with him. He will have 72 hours in which to retrieve his belongings, or to make arrangements for pickup. If the belongings are not picked up within this time frame, they will be disposed of as we see fit.

If a resident is discharged for violence or threats he will not be allowed to return to The Mustard Seed property for at least 30 days from the discharge date, other than to retrieve or arrange for pickup of his belongings within that 72 hours.

Resident's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

INTAKE FORM

Date of arrival: _____

Room number _____



(a) GENERAL

Name:

Age: _____ Date of Birth (M/D/Y):

Last / Present Address:

City: _____ Postal Code: _____ Phone:

S.I.N. #: _____ PHN #:

(b) MEDICAL

Doctor: _____ Phone:

Dentist: _____ Phone: _____

(c) FUNDING

Income Source: _____ MHSD: _____ PWD: _____ Self: _____ E.I. _____ Other:

Next of kin / emergency contact

Name: _____ Relationship: _____



Next of kin / emergency contact

Name: _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Note: Support staff and clients do not contact next of kin in case of death.



Methadone & Suboxone

I acknowledge that I have an opiate dependency and wish to continue my Methadone or Suboxone treatment while residing with The Mustard Seed. My goal is to abstain from alcohol and all psychoactive drugs other than Methadone or Suboxone while residing with The Mustard Seed and will use these only as directed by my physician.

Methadone or Suboxone orders from the doctor will have to be arranged with a pharmacy prior to admission. Reminder: no sharing of any prescribed medications at any time.

Client signature

Date

Staff signature

ADMISSION AGREEMENT

I, _____, do not have any outstanding legal, medical, family or employment obligations that I am not willing to set aside for the duration of my time in a sober living program, so that I may focus on my addictions recovery and benefit from the program. I agree to have a medical exam prior to, or on admittance to the program. I have abstained from alcohol and other drugs for a minimum of five days prior to admission or as directed. **I agree to remain abstinent from alcohol and other drugs for the duration of the program.** I understand that if I do not comply with house rules that I will be asked to leave the program. I have read and understood the above conditions for services. I authorize the residential agency to obtain pertinent information from the referring agency. I agree to participate in the programs offered, and agree to do my part to keep the residential service a safe place for recovery.

Client Signature: _____ Date: _____



SUBSTANCES NOT APPROVED FOR USE DURING YOUR STAY AT THE MUSTARD SEED

| CLASS | EXAMPLE |
|---------------------|---|
| Alcohol | Beer, wine, hard liquor, coolers, etc. |
| Sedatives/hypnotics | Benzodiazepines: Diazepam, Lorazepam, Oxazepam |
| | Cholordiazepoxiide, Triazolam, Alprazolam |
| | Barbiturates: Butalbital (in Fiorinal), Secobarbital |
| Opioids | Codeine, Oxycodone, Morphine, Hydromorphone, Fentanyl |
| | Hydrocodone, Meperidine, heroin, or combinations |
| | T3's, T1's, Percocet's, etc. |
| Inhalants | Glue, gasoline, other solvents |
| Stimulants | Cocaine, Amphetamine (incl. crystal meth), MDMA (Ecstasy) |
| Cannabis | Marijuana, hashish, THC |
| Steroids | |
| Hallucinogens | LSD, psilocybin, mescaline, PCP |

Client Profile Summary

Age Profile:

Age: 19-29: ____ 30-39: ____ 40-49: ____ 50-59: ____ 60+: ____

Family Profile:

Spouse: ____ Number of children: ____ Children in foster care: ____ Children with family: ____

Family of origin (who raised you) _____

Employment profile: Unemployed: ____ Full-time: ____ Part-time: ____ Student: ____

Average annual income:



\$0-20,000: ____ \$20,000- 30,000 ____ \$30,000-40,000 ____ \$40,000-50,000 ____ \$50,000-75,000 ____

Annual income:

Full Time: ____ Part Time: ____ Erratic: ____ Consistent: ____

Education:

Elementary: ____ High school: ____ College: ____ University: ____

Legal status:

Probation: ____ Parole: ____ Outstanding warrants: ____ Court dates pending: ____

Previous convictions: Yes ____ No ____

Aboriginal status:

None: ____ Métis: ____ Status living on reserve: ____ Status living off reserve: ____

Top five drugs of choice:

Alcohol: ____ Cannabis: ____ Cocaine: ____ Heroine: ____ Pharmaceuticals: ____

Non-prescribed Methadone: ____ Prescribed Methadone **maintenance program:** ____

Medical status:

Detoxed (Yes) ____ (No) ____ Smoker ____ Hep B ____ Hep C ____ HIV ____ Diabetes ____ Epilepsy ____ Recent hospital stay: (Yes) ____ No ____

Referral Source:

Self: ____ A&D Counselor: ____ Physician: ____ Hospital: ____ Corrections: ____ Church: ____

Aboriginal A&D Counselor: ____ Other: ____

Referral area: Thompson: ____ Okanagan: ____ Kootenays: ____ Coast: ____ North: ____ Other: ____

Previous admissions: (0) ____ (1) ____ (2) ____ (3) ____ (4) ____



Non-discriminatory statement

The Mustard Seed Society (TMS) is a faith-based organization whose mission is to build hope and wellbeing for vulnerable citizens through Jesus' love. Discrimination is contrary to our mission and our values, so we do not and shall not discriminate based on race, color, religion (creed), gender, gender expression, sexual orientation, age, national origin (ancestry), disability, marital status or military status in any of its activities, operations or the delivery of services. Any person who comes to TMS will receive assistance based solely on their need and our capacity to help. We uphold the dignity of all people, believing all are equal in the eyes of God, and firmly oppose the mistreatment of any person.

Grievance procedures/resolving conflict

The goal of The Mustard Seed is to maintain a peaceful, cohesive residential environment. The goal is that resolutions can be found at the earliest point in the resolution process. We understand that the more support and input used in any dispute reduces the severity of the issue.

Resident issue protocol

If two residents are in conflict and one complains to a staff member about the other's behavior as being annoying or bothersome, the staff shall proceed as follows:

1. Ask the resident if he has attempted to talk about the issue with the other resident.
2. If not, send the resident back to the other person, but assist him with clear and simple suggestions as to how to discuss the matter. If the other person is still non-receptive after the client has gone to him personally, instruct the resident to invite the other person to a mediated session.
3. If the resident went back and resolved the issue, check back with the resident who issued the complaint within two days and follow up on the incident.
4. If mediation is requested by both parties, meet with them at a time and location that is agreeable to both. Ensure that a mutual goal of resolution is desired by both parties before attempting mediation.
5. If after mediation, a resolution is not found, residents need to be referred to the Recovery Manager for assistance and decision.

6. If this process does not resolve the issue, the Recovery Manager will mediate and will make a formal decision based on the findings.

Resident vs. Staff

If a resident is having communication difficulties with a staff member, he must:

1. Attempt to clearly discuss the issue with the staff member and attempt a resolution.
2. If no satisfaction is gained, the resident may ask the Recovery Manager for assistance in gaining a resolution.

Client signature:



MEN'S RECOVERY PROGRAM

MEDICAL CHECKLIST

DATE OF ENTRY

CLIENT: _____ D.O.B. _____

PHN: _____ S.I.N _____

CELL NUMBER _____ CAR/TRUCK _____

FAMILY CONTACT _____ LISCENCE # _____

Current medical issues:

Current allergies:

Current medications:

Name:

Dose:

1. _____ Dose: _____ Dr. _____

2. _____ Dose: _____ Dr. _____

3. _____ Dose: _____ Dr. _____

4. _____ Dose: _____ Dr. _____

5. _____ Dose: _____ Dr. _____



6. _____ Dr. _____

When completed, either email it to JeffA@TheSeed.ca or fax it to Jeff Arlitt at 1.250.434.1373