



INTAKE FORM

FILE #

Voluntary Mandated Conviction – Pending

Date of Intake: _____

Last Name: _____ First Name: _____ Middle _____

SIN #: _____

Address: _____ City: Thompson Postal Code: _____

Phone (h): _____ Phone (c): _____ Phone (w): _____

Date of Birth: _____ Age: _____ Okay to Leave a Message: Yes No

Do you have photo identification Yes No

Day/Month/Year

Emergency Contact Person (ie: spouse, parent, sibling, social worker, etc)

Name: _____ Address: _____

Phone#: _____ Relationship: _____

First Language: _____ Referred By: _____

Ethnic Background: Anglo Canadian North American Indian Inuit
 Aboriginal Métis
 Status Non-status
 Band _____ Treaty # _____
 Immigrant recent immigrant (last 5 years)
 Other (Specify) _____

Highest Level of Education (# of Years): _____

Employment Status: Full Time Part Time Casual Unemployed
 Student Self-Employed Retired Seasonal
 Homemaker Unable to Work Other: _____

Current Employer: _____ **Occupation/Title:** _____

Length of Employment: _____ **Work Shift:** _____

Address of Employer: _____ **Rate:** _____

Are you capable of paying \$275.63 weekly fee? Yes or No

Are you receiving benefits? Yes or No

From Whom? _____ **Monthly Payment:** _____

Served in Military: Yes No

Family Income: Social Assistance

Gross Family Income

0 – 9,999

30,000 – 39,000

10,000 – 19,999

20,000 – 29,000

40,000 – 49,000

50,000 or more

Family Form

(Ex Partner)Partner/Spouse: _____

Phone (h): _____ **Phone (w):** _____

Ethnicity of Partner: _____

Current Relationship Status:

Married _____ Common-Law _____ Separated _____ Divorced _____ Dating _____ Single _____

Length of Relationship: _____ Length of Separation: _____

Partner is accessing counselling: Yes No Unknown

Restraining Order: Yes No

Past Relationships

Client has had previous long term relationship: Yes No # of times ___

Was there Abuse in previous long term relationship? Yes No

Describe length of time & type of abuse: _____

Information regarding your child(ren):**Children:**

Name	Sex	Birth date	Child is living with

Children Accessing Counselling: Yes No Unknown

Have you had involvement with Child and Family Services regarding any of the above children?

Past Current None

Reason for involvement with Child and Family Services?

Name of Worker: _____ **Phone:** _____

Have the children in the household ever seen your abusive behaviour? Yes No

Have you ever been abusive when you believed your children to be sleeping? Yes No

Have the children ever seen your partner with injuries resulting from abusive behaviours? Yes No

CAN YOU PASS A DRUG TEST TODAY? Yes or No

What drug have you used lately?: _____ **Frequency of use:** _____

Date of use: _____ **What is your drug of choice:** _____

Sober Date: _____

Drug use History

Name	Age of first use	Method of use	Daily	Few times per week	Four or less times per month	Monthly	Less than 12 times per year
Alcohol							
Cannabis							
Cocaine and or Crack							
Hallucinogens (ISD, Mushroom, XTC, PCP, etc)							
Heroin							
Illicit Methadon							
Inhalants							
Meth/Amphetamine							
Nicotine							
Opiates (ie: Morphine, Demerol)							
Prescription Drugs: Name: Name:							
Rave/designer Drug							
Other Name:							

COUNSELING EXPERIENCES:

Type	Program Counselor Name	Age	Length / # of session	Outcome
Withdrawal Services				
A&D Outpatient Clinic				
Psychologist / Psychiatrist				
Mental Health				
Residential Treatment				
Day Treatment				
Family Counseling				

Prior Treatment or Counselling: Yes No Type of Treatment: _____
 Where: _____
 When: _____

Diagnosed with Medical Illness: Yes No Specify: _____

Physical/Mental Disability: Yes No Specify: _____

How did you hear about MAPS Transitional Housing?

Reason for coming to the Transitional Housing: _____

Who recommended that you come to the Transitional Housing? _____

LEGAL INFORMATION

Have police been called to your home because of violence with the above named person? Yes No
How many times? _____

Have you been involved in the Criminal Justice System? Yes No
How many times? _____

Have you ever been charged with assault or related crime as a result of domestic violence? Yes No
When? _____

Have you ever been convicted of or plead guilty to a charge related to domestic violence? Yes No
Are you on probation? Yes No

Incident Charge: _____ Current Incident Plea: _____

Probation Officer's Name: _____ Phone #: _____

Conditions of probation: No contact with victim Fine
 Yes Abstain from alcohol/drugs Counselling
 Other: Specify: _____

Dates of Probation: _____ **to** _____

Any other protection orders in place, i.e. Restraining Order, Exclusive Possession Order, etc?
 Yes No Date of Order: _____

Have you ever been breached for violation of a court order? Yes No

Have you been charged/convicted for other offenses since the age of 18? Yes No
If yes, please describe: _____

Do you have any pending Charges? Yes No

What charges? _____

Have you had any legal issues associated with inappropriate sexual behavior/sexual assault?
 Yes No

Have you ever been charged with arson meaning the criminal act deliberately setting fires to property? Yes No

DV Arrests: Yes No **# of times:** ___ **Other arrests:**

Do you have access to a gun or rifle? Yes No **Any other weapon** Yes No

Have you ever used violence against others? Yes No

Please Describe: _____

List all arrest, convictions, sentences, prior prison or jail commitments, and probation history?
(list places and dates – use blank paper or back of page if needed.)

COUNSELLING HISTORY

Have you had previous counselling? Yes No

Reason: _____

Where: _____

Are you presently receiving counselling anywhere else? Yes No

For what reason? _____

If yes, where: _____

Number of Sessions: _____

Have you experienced any form of Physical, Sexual, emotional, mental or spiritual abuse?

Yes No

Do you have a history of aggressive behavior? Yes No

Peers Authority Figures Family Spouse Other _____

Describe:

Have you ever needed any psychiatric help or been diagnosed with a psychiatric disorder?

Yes No

Please specify: _____

Do you have a history of suicidal ideation or suicide attempts? Yes No

When was the last time? _____

Do you have a history of Self harm / mutilation? Yes No

When was the last time? _____

Medical History

Are you under physician's Care? Yes No

Doctor's name: _____ Phone Number _____

Date of last physical: _____

List of medical problems:

List all psychiatric problems:

Medical concerns/disabilities: _____

How many times in your life have you been knocked unconscious? _____

How many times have you been admitted to the hospital for head injuries? _____

Medication: _____ Reason: _____

Do you have prescribed medication? _____ Dosage:

Current Diagnosis: _____

Do you have any other health issues? (ie Allergies, Heart Irregularities, Hepatitis, HIV, Tuberculosis, Asthma, Head injury, Skin Conditions, Diabetes, Nutrition needs, Hygiene Issues, Etc)?

FAMILY OF ORIGIN

Type of abuse witnessed in childhood?

- Physical Emotional Sexual Financial

Type of abuse experienced in childhood?

- Physical Emotional Sexual Financial

Parents marital status: Married Divorced Separated

Never Married Other _____

Alcohol/drug dependency in family of origin? Yes

No

Whom?: _____

Suicide?: Yes

No Whom?: _____

Mental Illness?: Yes

No

Whom?: _____

Amount of time (prior to age 18) spent living with someone other than parents:

_____ In Foster Care

_____ On the Street

_____ In Jail

_____ Other: _____

PRESENT LIFE STRESSORS:

Check any of the following that apply to you:

- Recent Separation
- Recent Divorce
- Financial Difficulties
- Unemployment
- Other Stressors: Please specify: _____
- Illness in the family
- Custody issues
- Pending Court Appearance
- Parenting Difficulty

How long have you experienced these stressors:

- For the past 6 months
- 12 Months
- More than 12 months

Where do you get personal support from:

- Partner
- Church
- Counsellor
- Friend(s)
- Work
- Relatives
- Other (please specify): _____

These Questions Are To Help You Think About Your Attempts To Have A Good Relationship With Your Partner

PLACE THE NUMBER OF THE ANSWER ON THE BLANK LINE NEXT TO EACH BEHAVIOUR.

0 – NEVER 1 – ONCE 2 – SOMETIMES 3 – OFTEN

How often in the last month have you:

- _____ Discussed issues calmly
- _____ Asked for partner’s opinion
- _____ Apologized to your partner
- _____ Left the room to calm down when you felt yourself getting upset
- _____ Listened to your partner
- _____ Talked through a disagreement
- _____ Supported partner’s decision to do something for her/him

In the last 6 months has your relationship:

- _____ Become more abusive
- _____ Stayed about the same
- _____ Become less abusive

What are some of the things that you have done to avoid being abusive?

What might happen if you do not stop being abusive?

Agreement for Counselling

The following are the conditions required in counselling at MAPS. These conditions are for the safety of my partner, my family and myself.

By signing this Agreement:

I pledge to avoid violence no matter what the circumstances.

I give permission for MAPS to have contact with my partner. I authorize MAPS to obtain any information relevant to my participation in the Men’s Group. I also authorize MAPS to release information to relevant agencies when acting on my behalf.

I understand that if Child Welfare is involved, information regarding my attendance and participation may be provided to my Child Welfare Worker.

I understand that if I am on probation, information regarding my attendance and participation will be provided to my Probation Officer.

I understand that if I am referred by Northern Restorative Justice information regarding my attendance and participation will be shared with the case developer/coordinator.

I understand that, if requested by me, MAPS will provide written confirmation of my group attendance as well as dates of individual counselling.

I understand that the above is the only situation in which MAPS staff will intervene in court proceeding involving me, unless subpoenaed by court.

I understand that this counselling is confidential. **If my counsellor(s) feels there is a risk of violence towards anyone, they will take whatever legal steps necessary to prevent this. This includes contacting the person at risk, the police and/or child welfare if necessary.**

I understand that if I do not speak and understand English I may be referred to another agency. Information may be shared with an agency providing interpreters and the agency I am referred to.

SUPERVISION/OBSERVATION FORM/RESEARCH

I authorize MAPS to use any data from questionnaires administered for research and evaluation purposes. I am aware that data is anonymous to ensure my confidentiality.

FOLLOW UP

I agree to allow my counsellor(s) to contact me after we finish our work so that we can assess what changes I have made.

Client’s Signature

Counsellor’s Signature

Date _____



Program Goals and Expectations

These are the goals and expectations of the MAPS Healthy Relationships Program. For you to complete Stage I and II, we will expect you to work on each of these areas and show progress in those areas that are challenges for you.

1. **Attendance:** arrives at group session on time; contacts program in advance about absence; has legitimate excuse for absences.
2. **Sobriety:** attends group sober; complying with recommended drug/alcohol treatment.
3. **Non-Violence:** has not recently physically abused partner, children or others - no threats, intimidation or manipulation.
4. **Non-Abusive:** able to give and receive feedback in a respectful manner; not aggressive, behaviour does not result in other group members feeling unsafe.
5. **Mental Health:** mental health issues are not interfering with the group process; if on medication taking medication as prescribed by doctor; involved with individual counselling to deal with mental health issues.
6. **Acceptance:** acknowledges that there has been abuse in an intimate relationship.
7. **Accountability:** admits that violence and abuse exists, not minimizing, blaming or excusing the problem; takes responsibility for own behaviour.
8. **Uses Techniques:** takes steps to avoid abuse; refers to timeouts, self-talk, conflict resolution skills; follows through with homework or recommendations.
9. **Safety Plan:** takes steps to keep himself as well as family members, safe.
10. **Acknowledges Need for Help:** seeks information about alternatives; discusses options with others in the group; open to referrals and future support.
11. **Considerate & Aware:** lets others speak one at a time; acknowledges others' contributions; focuses on own issues; does not take an excessive amount of group time to explore his issues.
12. **Involved:** attentive body language and non-verbal responses; follows topic of discussion.
13. **Openness:** reveals struggles, feelings, fears and self-doubts; not defensive.
14. **Sensitive Language:** uses respectful language; does not use generalizations.
15. **Focuses on Self:** does not blame other individuals or systems for events in his life.

Print Name: _____

Date ____/____/____

Signature: _____

Witnessed by: _____

MAPS TRANSITIONAL HOUSING SERVICES RESPONSIBILITY STATEMENT

I, _____ voluntarily enter MAPS TRANSITIONAL HOUSING SERVICES RECOVERY Inc. understanding it is an alcohol and drug free facility. Please initial each line item that you understand your responsibilities.

1. _____ I will not use drugs or alcohol, or any mind-altering substances.
2. _____ I agree to abide by the rules and regulations of the house as outline in the Housing Agreement.
3. _____ I will pay housing fees or rent on time.
4. _____ I will attend the mandatory meeting.
5. _____ I will attend 12 step meeting per week and have attendance sheet signed.
6. _____ I agree to participate voluntarily in assigned work activities at the house.
7. _____ I will only smoke in designated area outside the house
8. _____ I will give a 30-dayswritten notice before vacating the house
9. _____ I understand that, when I vacate the premises, I must take all of my belongings at that time. Any personal property remaining thirty days after my departure shall be given to other residents in need or otherwise donated.
10. _____ I agree to return all keys to house Manager upon leaving the facility.
11. _____ I understand that the house is not liable for loss or theft of my personal property including money.
12. _____ I understand that I will treat everyone with courtesy and respect, including the neighbors; and, in turn, I will be treated the same.
13. _____ I have never been arrested or convicted of any sex crimes or arson.
14. _____ Only visitors authorized by house manager are allowed on the property.
15. _____ No children under the age of 18 on the premises.

Clients Signature

Date

Witness

Date



**Men Are Part of the Solution
Hostel Client Agreement**

The relationship between these two parties is based on a month –to month agreement and according to the rules and responsibilities as follows:

Between Maps Transitional Housing
9 & 11 Stanford Bay
Thompson, Mb
R8N-0J4
-And-

Client: _____
Referring Agency: _____

The client agrees to abide by the following rules and responsibilities as follows:

- Clients are responsible to attend all house programs and counselling session. If Client does not attend client will then be asked to leave.
- The client is responsible to ensure their room is kept clean, tidy and free of garbage always. Room inspections will be done weekly. If the Client does not keep their room clean, tidy and free of garbage, the client will be given a warning to do so. If the problem continues and persists, the client will be asked to leave and vacate the premises.
- The client is responsible for removal of all garbage which will be place in the Garbage bins located outside the front of the building.
- The client is expected to clean up the washroom facility after they are done using it. The MAPS Transitional Housing will not be responsible for any personal belongings left in the washroom after use.
- MAPS Transitional Housing is responsible for the laundry of the client's sheets every Friday. The Client will ensure that their sheet, pillow cases/shams are placed on their bed for pick up before 11am. Bedding will be returned to client's room that same day and the clients is responsible for making their own beds
- The Client will be provided 1 towel, 1 Hand towel and 1 face cloth upon check in. These will be used by Client for the duration of their stay and will only be replaced when determined by Hostel Supervisory staff. The Client is responsible to ensure these items are laundered regularly.
- The client will have access to the laundry room facility Saturday and Sundays between the hours 3pm-7pm. The Laundry Rooms are in the basement of each house. We are not responsible for any stolen, Lost or damaged items in the laundry room.
- The Client is not to tamper with any smoke detectors or overload the plug-ins with electrical appliances. Microwave ovens are not allowed in the rooms. A mini Fridge supplied in each room.
- The client will not put any holes in the walls.
- The Client will respect all other clients, and staff of the MAPS Transitional Housing.
- The Client will not smoke tobacco or bring any alcohol or illegal substance into the MAPS Transitional Housing and must understand that if the client is under the influence of drug or alcohol, the Client will not be permitted into the building and RCMP will be contacted. You will not be permitted back into the

building until you are sober. These incidents will be assessed on a case by case basis and depending on the severity of the incident it may result in the immediate termination of this agreement.

- The Client must understand that any form of threatening or belligerent behavior to another client or staff person of the MAPS Transitional Housing will not be tolerated.
- If, in the event the Client is involved with community agencies such as the RCMP, Probation Services, etc., the client must be prepared to share this information during intake process of the MAPS Transitional Housing. Only information needed to respect the safety of others will be shared.
- Visitors will be allowed in the common areas only such as the dining room or recreation room. Visitors are expected to follow the same rules as the client. Visitors found not following the rules will be asked to leave.
- Visitors are **NOT** allowed in client bedroom at anytime.
- Visitors are required to sign the visitors log book upon entering and leaving the MAPS Transitional Housing.
- All client are to give 30 days written notice before vacating the house.
- When checking out – Please take all your belongings with you. MAPS Transitional Housing will not be responsible for any items left behind.
- Clients are to provide at least 5 days notice to ensure proper room assignment and/or availability of room.
- There is a designated smoking area located outside on the back of building.
- The main doors to the building are locked at 12am nightly.

Privacy:

MAPS Transitional Housing has the right to enter a Client’s room to:

- Provide clean towels and bedding
- Respond to emergencies
- Complete weekly inspection
- Do routine maintenance during daytime hours.

The client is responsible for keeping their door locked at all times for their own safety and for the safekeeping of their own property. MAPS Transitional Housing is not responsible for any lost, stolen, or damaged property.

Kitchen Facility

Breakfast – 7am - 9am

Lunch -12pm – 1pm

Supper – 5pm- 6pm

Unit address of Client: Room # _____
_____ Stanford Bay
Thompson, MB
R8N-0J4

Client Check in Date: _ _ _____

I, _____, understand and accept the rules and expectations as written.

Signature of Client

Witness

Signed this _____ day of _____, 20__ in Thompson, MB.



**MEN ARE PART OF THE SOLUTION
LONG TERM STAY APPLICATION**

Applicant information:

Name:

Date of Birth:

Band/Métis Number:

Phone:

Referring Agency:

Contact name:

Source of Income:

Provincial Assistance: Yes No

Name of EIA Worker:

Confirmed by Hostel Supervisor: Yes No

Band Sponsorship: Yes No

No

Band Name:

Contact #:

Letter of confirmation and purchase order from band required prior to check in

Employer:

Address:

Gross Income:

Emergency Contact:

Name:

Address:

Relationship:

Phone:

I authorize the verification of the information provided on this form. I have a received a copy of this applicant:

Signature of Applicant:

Date

***** Please note a \$200.00 security deposit is required before moving in.****