



RESIDENTIAL RECOVERY PROGRAM APPLICATION

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Dear Prospective Student:

Thank you for your interest in applying to *Harvest House PEI* Residential Addictions Recovery Program. You have in your hands an application package. If you decide to apply to our 10 month faith-based addictions rehabilitation program (including drugs and alcohol), please completely fill out the application documents included here and return by mail or deliver in person to our Charlottetown Office.

There is a **\$100.00 non-refundable Application Fee** to process this application. It can be paid by providing us a *certified* cheque, money order, bank draft or cash at the time of application submission. When we receive the completed application form and \$100.00 application fee, we will contact you to set up a time for an assessment interview. If you are accepted into the program, you will be placed on our waiting list until such time as space becomes available. During the time you are on the waiting list, you will need to check in by phone every Wednesday between 10 am and 1 pm in order to keep your place on the list.

You will find here enclosed, the *Harvest House PEI* Program Overview. Please read this manual carefully before your assessment interview. After the assessment interview you will be asked to submit the following forms as part of the application process:

Pre-Entrance Medical Exam Form

- √ You must have a medical checkup that includes blood tests to ascertain the presence/absence of HIV and Hepatitis A, B & C; positive results do not mean exclusion from the program. You or your doctor must forward the original laboratory results of the HIV and Hepatitis tests together with the enclosed *Pre-Entrance Medical Exam* form(s), completed by your doctor.
- √ You will be required to have a current Health Card
- √ You must not be on any form of mood altering medication upon entering our program. An asthma inhaler is permissible. Prescribed medication for diabetes, antibiotics and elevated blood pressure tablets supplied by you are also permissible.
- √ You must be detoxified for admission to the program.

Criminal Record Check

This will be required prior to your entrance into our program. You can obtain this from your nearest Police Station and forward the current copy to us. Any of your outstanding court proceedings should be resolved prior to entering the program.

The **Entrance Fee of \$500.00**, is payable by certified cheque, money order, or cash at time of admission. This is not negotiable and not refundable under any circumstances. You will also be required to have on hand enough cash for a bus ticket home. This will be kept in a secure place for you.

We look forward to receiving your application and working with you!

Sincerely,

John Bennett
Harvest House PEI,
Intake Coordinator.

solomonsporch@live.com P.O. Box 2445, Charlottetown, PEI, C1A 8C2. Tel: 902-894-5350.

PERSONAL INFORMATION DISCLOSURE

- A. 'Personal Information' is information about an identifiable person, in any form. It will include a name, address, telephone number(s), gender, and also includes information of a '**sensitive nature**'.
- B. 'Sensitive information' includes personal details of a sensitive nature such as social insurance and health card numbers, income, blood type, credit records.
- C. 'Personal information' that is **not considered** to be **sensitive** (information that is available to the public through other means such as the phone book or internet) could be used by *Harvest House PEI* for internal management and organizational purposes, whether or not directly related to your program, as well as any promotional or other purposes deemed necessary by *Harvest House PEI*.
- D. 'Personal information' of a **sensitive nature** will not be used without you first being told of the specific purpose(s) or proposed use(s) of such information and your consent being obtained for the use(s) you are made aware of.
- E. By initializing Number 18 in the **Eligibility & Program Overview**, you are permitting *Harvest House PEI* to obtain and use, in its sole discretion 'Health/Medical', 'Criminal Record', 'Educational' and 'Government Financial Assistance' related information for program purposes and for safety & security reasons related to you and others.
- F. *Harvest House PEI* will **not obtain any further consent** from you to use your 'personal information' that is **not** of a sensitive nature
- G. *Harvest House PEI* will only ask your further consent to use 'personal information' of a '**sensitive nature**', when such use might be required for purposes outside your actual program (such as promotion) or for purposes not explained to you either at the time of collection or in the 'Release of Information' form you signed upon entering the program.
- H. *Harvest House PEI* guarantees the security of your personal information will be appropriate to its 'sensitivity'. *Harvest House PEI* adheres to the 'Personal Information Protection and Electronics Documents Act' and the legal standards for security required by the laws of Canada.

ADMISSION CONDITIONS & TERMS

**I agree to the following conditions and terms of admission to the
*Harvest House PEI Residential Addictions Recovery Program.***

I Agree:

- To the payment of the non-refundable \$100 Application Fee. Initial: _____
- To the payment of the non-refundable \$500. Entrance Fee due at the time of Intake should I be accepted to the *Harvest House PEI* Program. Initial: _____
- The first 30 days are probationary in nature and I must demonstrate the desire to participate in and work my recovery program. Initial: _____
- If I do not show any growth during this probationary period, I will be dismissed from the program without refund. Initial: _____
- If I refuse or fail to adhere to the boundaries of the Program, I may be required to leave the Program immediately, without refund. Initial: _____
- I authorize *Harvest House PEI* Senior Staff to contact my Physicians and Social Workers in order to gather any needed information relative to my application and/or medical condition. Initial: _____

I, _____, born _____, 19____ in the City / Town of _____, Province of _____, Country of _____

have read and understand, and agree with the above terms of admission to *Harvest House PEI*.

Signed this ____ day of _____, 201__.

Student Signature

Student Name

Witness Signature

Witness Name

PROGRAM APPLICATION FORM

INSTRUCTIONS: Please Print

Please provide full and complete answers to every question; if a question does not apply to you, answer 'NA'. Incomplete or misleading information will jeopardize your Application and/or stay in the Program. You can mail or fax this completed form directly to (902) 894-4947, or deliver in person.

First Name		Middle Name(s)		Last Name	
Current Address				Phone Number/Where You Can Be Reached ()	
City/Town		Postal Code		Age	Date of Birth: Month Day Year
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Emergency Contact Person		Relationship to You		Their Home Phone ()	
Their Address		City/Town		Their Work Number ()	
Health Card #	Province of Health Card	Place of Birth	Citizenship? <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Neither		
Primary Language? (Speak, Read & Write)		Last Grade Completed		Height	Weight
Do You Have Any Children <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, How Many?		Do They Currently Live With You? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, With Whom Do They Live Now?		Who Will Care for Them While You are Enrolled in <i>Harvest House PEI</i> ?			
Who are you living with now?		Relationship:			
Do you have a job you can return to when you leave <i>Harvest House PEI</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Why Are You Applying to <i>Harvest House PEI</i> for Help?					
Why Are You Applying to us Instead of Another Program?					
Who Referred You to us? Please include Phone Number.				Phone Number ()	
Describe Your Lifestyle Concerning Drugs/Alcohol/Addictions During the Past Six (6) Months.					

Are You Currently Taking Prescribed Medications? Why? Give Details

When Did You Have Your Last Drink or Drug? What Was It?

Do You Have a History of Violence? Please Give Details

If in Jail, What is the Name and Address of the Institution?

Do You Have Any Court Cases Pending? If Yes, What for?

Are There Any Outstanding Warrants for Your Arrest? If Yes, What For?

Is There A Restraining Order Against You? Explain.

Are You Currently on a Disability or Other Pension?

Do you have a regular Social Assistance Cheque? Please state the monthly amount.

Do You Have Income or Cash or Assets to help Room/Board Costs? If Yes, State How Much.

Please Mention Any Other Information We Should Know About You

Use this space to elaborate on any of the above that may need further explanation.

FOR OFFICE USE:

Date of Receipt:

Date entered on Waiting List:

Date of Admission:

Date of Entrance:

Date of Graduation/Dissmal/Exit:

ELIGIBILITY & PROGRAM OVERVIEW

Please read the *Harvest House PEI* Program Overview and then initial each statement to verify that you fully understand and agree with it.

AGREEMENTS	INITIAL
1. I have a life controlling problem with addictions which involves substance abuse.	
2. I am a male, 18 years of age or greater.	
3. I understand that the <i>Harvest House PEI</i> Program is a minimum of 10 months in length. This consists of an Induction Phase (first 3-4 months) with an additional 7+ months in the Training & Transition Phases.	
4. I am willing to commit the next year of my life to rehabilitation.	
5. I understand that the <i>Harvest House PEI</i> Program is a Christian training, mentoring, and discipleship program where the primary goal is wholeness through the power of God.	
6. I understand that <i>Harvest House PEI</i> is an interdenominational, faith-based, drug , alcohol and addictions treatment program	
7. I am willing to consider the faith-based approach of <i>Harvest House PEI</i> .	
8. I agree to participate in weekly Christian classes approximately 10 hours per week.	
9. I agree to participate in one-on-one Christian coaching (mentoring) and will cooperate fully as a student in the program.	
10. I understand that I am the “active agent” in my recovery, which means that I will maintain an attitude that demonstrates willingness and desire to change, on an ongoing basis.	
11. I am willing to exhibit a cooperative attitude and show a sincere desire for help.	
12. I agree to complete homework assigned to help me with my individual needs.	
13. I agree to participate in weekly manual labor as part of the work detail program approximately ten hours per week.	
14. I agree to fully participate in the organized recreation program as part of my physical exercise training.	
15. I understand that <i>Harvest House PEI</i> expects me to quit all smoking, drugs and alcohol “cold turkey”.	
16. I understand that <i>Harvest House PEI</i> policy is no smoking, no fighting, no boyfriends/girlfriends, that hairstyles and clothing must be modest to our expectations, that phone calls, visits, passes, music and television are extremely limited, and that all mail is screened (incoming and outgoing). Further that all my communication via phones, mail, visits and/or passes must be approved in advance.	
17. I understand that there is a strong emphasis on rules, structure and discipline; I agree to fully cooperate with the program.	
18. I understand that my ‘personal information’ could be used by <i>Harvest House PEI</i> in its sole discretion related information as per the Personal Information Disclosure.	

HEALTH & RELATED ISSUES

1. How would you rate your overall health? Good Fair Poor

Do you have any disabilities? Yes No

If yes, please explain fully:

Treatment: _____

Medications: _____

All students with disabilities must submit a current medical record from their medical doctor stating limitations of their disability prior to admission.

2. What is the date of your last hospitalization? _____

For what? _____

3. What is the date of your last physical examination? _____

For what? _____

4. Have you ever had Hepatitis? Yes No If yes, which kind? _____

When? _____ Is it in remission? Yes No

5. Have you ever had TB? Yes No If yes, when? _____

Treatment: _____

6. Have you ever been told you have any of the following? Diabetes Emphysema

Heart Problems Ulcers High blood pressure

ANY sexually transmitted disease?

If yes to STD's, which ones? _____

7. You must have a **TB** and **HIV** test done prior to being called to come in *Harvest House PEI*. (Flu shot required from October through March, you will need to have a **flu shot** with documentation). These results may take up to a couple of weeks. You will **not** be placed on the active waiting list until we receive at least one of the results.

Fax results to: Office Manager, (902) 894-4947

or mail to: Harvest House PEI

P.O. Box 2445

Charlottetown, PE C1A 8C2

8. Are you currently on any medication or supposed to be taking any medication?

Yes No

If yes, which medications? _____

If you are on antibiotics, we must know why you are taking them:

We will also need a letter from your treating doctor or dentist confirming this.

PLEASE HAVE ALL PRESCRIPTION MEDICATIONS FILLED BEFORE COMING.

solomonsporch@live.com P.O. Box 2445, Charlottetown, PEI, C1A 8C2. Tel: 902-894-5350.

You need to take care of any *dental, vision or any other medical issues* before entering this program. We are not a medical facility nor do we have available transportation to take care of non-emergency medical needs.

The following is a list of medications NOT ALLOWED while at *Harvest House PEI*. They are listed with brand name and generic name following in parentheses: valium (diazepam), xanax (alprazolam), serax (oxazepam), ativan (lorazepam), halcion (triazolam), dalmane (flurazepam), restoril (temazepam), rivotril (clonazepam), tranxene (clorazepate), Librium (chlordiazepoxide), Imovane (zopiclone or rhovane), Neurontin (gabapentine), Seroquel (quetiapine)

9. List all drugs you have used: _____
IV drugs? Yes No

10. (a) **If you have any open wounds or infections, they must be treated and healed before you enter Harvest House PEI. This includes injection sites for IV Drug users.**

(b) You must be free from all infectious diseases, such as Staph, MRSA, and Strep. (Herpes must be dormant.)

11. Is there anything else you can think of that would help us to minister to you?

PLEASE ATTACH HERE, OR FORWARD

AN ELECTRONIC COPY OF A CURRENT PHOTOGRAPH OF YOURSELF.

PRE-ENTRANCE MEDICAL EXAM

First Name	Middle Name(s)	Last Name
Current Address		Phone Number
City/Town	Postal Code	Date of Birth Month Day Year
Health Card #	Version Code	Province of Health Card

1. Does the applicant have any Allergies? **Mild** **Life-Threatening** – Details _____

2. Have they been diagnosed with any **mental illness**? (✓ all that apply) **AD[H]D** **Anxiety** **Bi-polar**
 Depression **OCD** **PTSD** **Schizophrenia** **Other** _____

3. Any **medical conditions**? (✓ all that apply) **Asthma** **Blood Pressure** **Cancer** **Diabetes**
 Epilepsy **GI** **Heart** **Pneumonia** **Stroke** **Ulcer** **Other** _____

4. Any **physical condition(s)** that may hinder the applicant from normal physical activities? _____

5. **Medications** currently prescribed & reasons for use: _____

6. **Current/updated Immunizations?** **Diphtheria** **Influenza** **Tetanus** **Pertussis**

7. **General Appearance & Development** (include signs of drug abuse)
Head: _____
Nutrition: _____
Skin: _____

Ears L _____ R _____	Hearing L _____ R _____	Nose
Eyes L _____ R _____	Vision (uncorrected) L _____ R _____	Vision (corrected) L _____ R _____
Throat	Mouth/Teeth	Neck/Thyroid
Cardiac	Breast	Abdomen
Musculo/Skeletal	Hernia	Genitalia

Exam Date: _____
Physician's Stamp: (or info/signature)

LAB WORK

First Name	Middle Name(s)	Last Name
Health Card #	Version Code	Province of Health Card

Tuberculin Test:

Testing Date: _____ Test Results: Negative Positive

Results Date: _____

STD Testing: Please check (✓) the appropriate boxes.

Hepatitis A: Negative Positive

Gonorrhea: Negative Positive

Hepatitis B: Negative Positive

Herpes: Negative Positive

Hepatitis C: Negative Positive

Syphilis: Negative Positive

HIV: Negative Positive

I, _____, hereby grant permission for my blood transcripts to be faxed directly to the *Harvest House PEI* intake office at (902) 894-4947.

Applicant's signature _____ Date: _____

This is to confirm that the above tests have been completed.

Physician's Name _____

Telephone _____

Physician's Signature _____

Date: _____

GENERAL INFORMATION

1. How will you arrive at Harvest House PEI? (You cannot drive yourself.) _____
You must arrive at Harvest House PEI at the specified date and time indicated. Failure to do so will result in you being turned away. If for any good reason you can not arrive at the specified date and time, a call should be made to Harvest House PEI giving the reason. Please ask for the Director.
2.
 - (a) Bring work and dress clothes. No slogans about beer, bars, drugs, sex, women, tobacco, music or anything contrary to the Christian lifestyle will be allowed. (Complete list available.)
 - (b) Bring your own washcloths and towels (mark your name on them). Bed linens will be provided.
 - (c) Bring your own personal toiletry items (nothing with alcohol, ie; mouthwash, colognes or aerosols).
 - (d) Bring a cloth mesh 36 x 24 laundry bag. (This can be purchased at Walmart.)
 - (e) No trips will be made to pick up belongings after you have been admitted to the program.
 - (f) Hair must be neat and trimmed before arriving. No beards. No Body Piercing Rings Or Studs Worn Anywhere On Your Body!
 - (g) No radios, stereos, CD/TAPE/MP3/DVD of any kind. No video games or cards. No cell phones or lap-top computers. In other words: no electronic devices period.
 - (h) No over the counter medications.
 - (i) No caffeinated drinks or coffee.
 - (j) Bring a Bible if you have one.
 - (k) You and your belongings will be thoroughly checked on the day of your admission. Items deemed unsuitable for the program or unnecessary amounts of clothing will be confiscated and at the students request either destroyed or stored.
3. Please remember to bring with you the following:
 - (a) Names, addresses and phone numbers of your Probation/Parole Officer, Lawyers, and court orders (if applicable), and person to notify in case of emergency.
 - (b) Full information regarding court appearances including dates, times, judge, charge, paperwork, etc.
 - (c) Any prescribed medications you are currently required to take as ordered by your physician.
 - (d) Name, addresses, phone numbers of all members of your immediate family who might wish to phone while you are in the program.
 - (e) You **MUST** bring your Health Card with you on Intake Day.
4. We are offering to help you overcome your addiction; however, this must be on our terms.
Are you willing? Yes No Do you still want to come? Yes No
5. If you have any questions, please email Harvest House PEI at solomonsporch@live.com and we will respond quickly. **Please keep in contact with us throughout the application process.**

I have read and will comply with the above regulations.

Signed: _____

Date: _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION PLEASE CALL OUR OFFICE AT 902-894-5350. Within 72 hours of receiving you application someone from our office will call you to complete your application process. WHEN WE CALL WE MUST SPEAK TO THE PERSON APPLYING. In case that we have not talked to you within the 72 hours please contact our office to complete your application process.

Please make sure that you have filled in the contact phone numbers where you can be reached.