



CALGARY DREAM CENTRE

Restoring Dignity, Discovering Destiny, Realizing Dreams

Resident Application Form

Name: _____

Phone: _____



This symbol means that the information must be completed to process the application.

Information Checklist (For CDC Input/Use)

<input type="checkbox"/> Treatment Program (A)		<input type="checkbox"/> Supportive Housing (B)	
CDC Application	<input type="checkbox"/>		
Medical Release Form	<input type="checkbox"/>	Date Medical Cleared	
		Day Mth Yr	
Security Check Form	Sig 1 <input type="checkbox"/> Sig 2 <input type="checkbox"/>	To HR <input type="checkbox"/> DMY	
Photo ID	<input type="checkbox"/>	Date Security Cleared	
Other ID	<input type="checkbox"/>	Day Mth Yr	
Sponsorship Form	<input type="checkbox"/>		
Residency Agreement Form	<input type="checkbox"/>		
Other	● <input type="checkbox"/> ◆ <input type="checkbox"/>		
Accepted By	Denied By	Room #	
Notes		Completed by:	



DIRECTOR OF PROGRAMS: GARY CARMICHAEL 403-243-5598 Ext 223

INTAKE COORDINATOR: 403-287-9611

Referred From:

- Emergency Domestic Violence Rapid Exit/Pathways Other Housing Service
 Addiction Service (Specify) _____ Hospital
 Legal (specify) _____ Police General Counselor
 Friend/Family Self Other (specify) _____
 Emergency Homeless Shelter

A. RESIDENT APPLICATION FORM Check One: A B
Stream Stream

Name : _____ Phone: _____ Date : _____

Referred by: _____ Date of Birth: M D Y

S.I.N. : _____ Alberta Health Care. No. : _____

Emergency Contact: _____ Emergency Contact #: _____

Contact Relationship: _____ Marital Status: _____

Source of Income: Social Assistance E.I. Pension Self-Employed Employed

Current Monthly Income \$ _____ Vocation: _____

CURRENT STATUS

- Where are you currently living? Emergency Shelter Transitional Housing
 Hospital Addiction Treatment Facility Jail Market Housing
 Staying friends family Uninhabitable place Other

1. When did you last use drugs or consume alcohol? :
2. What did you use? : Prescription Drugs Street Drugs Alcohol
3. What drugs have you abused?
4. Is Gambling now or has gambling ever been a problem? YES NO
5. When did you last gamble? :

PRIOR COUNSELING / TREATMENT HISTORY

1. Have you ever received counseling for your addiction problem? YES NO
2. Have you ever attended any substance abuse programs? YES NO

DATE	NAME OF PROGRAM	WHERE	COMPLETED?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Have you ever attended any self help groups such as AA/NA/CA ? YES NO

Check (✓) which one(s) : AA NA CA Other : _____

COURT / LEGAL INFORMATION

1. Do you have a criminal record? If YES use back of page to list offences YES NO
2. Do you have any pending traffic, civil or criminal cases? YES NO



Charges : _____ Court : _____

Date : _____ Where : _____

3. Are you presently on Probation or Parole? YES NO

If YES, please give the conditions and your Officers Name and Contact #

4. Are you here as the result of a Court Order or CSO or Probation Order YES
 NO

If YES, please explain:

MEDICAL / PSYCHIATRIC HISTORY

1. Do you have any medical problems? YES NO

If YES, please explain:

2. Are you presently on any medication? YES NO

If YES, please list all medications:

3. Are there any medical limitations that could limit your participation in the program activities or chores? YES NO

If YES, please explain:

4. Have you ever been under psychiatric care? YES NO

Reason:

When?

Where?

Psychiatrist:

Mental Health Worker:

I hereby state that, to the best of my knowledge, the information contained herein is true and that upon my admission, I agree to abide by any and all rules of the Calgary Dream Centre and to notify the staff of any changes in the information contained herein. I also give consent to the Calgary Dream Centre to use this information to interact with other agencies as required for purposes of admission and ongoing residency. I also understand that knowingly submitting false information on this application is grounds for voiding this application or dismissal from the Calgary Dream Centre.



Signature:

Date:



For office use only

Accepted: _____ Referred to other agency _____ Denied _____

Postponed: until after suspension _____, or until further notice: _____

Comments: _____

Counselor Assigned _____ Room Assigned _____

B.

**CALGARY DREAM CENTRE
MEDICAL INFORMATION RELEASE
CONSENT FORM**



I, _____, (Resident) authorize that any personal or health information, records or knowledge about me can be given to Gary Carmichael (Director of Programs), and to, Tyrone Lester (Education Coordinator), or to their designate acting for me, for the purpose of my personal file at the Calgary Dream Centre (CDC). This information may be obtained from, but not limited to, any person, organization or institution, including any of the following; physicians or other health care practitioners or providers, hospitals, clinics or other medically related facilities, clergy and investigation agencies.

I understand that this authorization is required in order to assess my suitability for the CDC program/residency and may be required for review during my time in the program/residency, if I am a successful applicant, in order to ensure that I continue to meet the requirements of the program/residency and to identify my areas of need while in the program/residency.

I agree that a copy of this signed authorization for the CDC to obtain information is as valid as the original.



Date: _____



C.

SPONSORSHIP AGREEMENT FORM

I GIVE MY PERMISSION

I DECLINE MY PERMISSION

for the Calgary Dream Centre or its delegate to use the following information as a means of raising support for my participation in their programs:

- 1. My personal photograph
- 2. A brief biographical sketch of my journey
- 3. My goals, dreams, and ambitions



Residents Signature: _____



Date: _____

D. RESIDENCY AGREEMENT

I hereby declare that I have read and fully understand the nature and content of this form.



APPLICANT'S SIGNATURE: _____

DATE: _____



As witness, I hereby testify that I was present when the Applicant reviewed this form and that it was fully understood by the Applicant before signing.

WITNESSES' SIGNATURE: _____

DATE: _____



**I AM AWARE THAT ALL OF MY MEDICATIONS WILL BE REQUIRED TO BE
BLISTER PACKED FOR MY USE AT THE CALGARY DREAM CENTRE**



This is an agreement between the Calgary Dream Centre (“CDC”) and _____ (“Resident”) dated _____.

1. CDC agrees to provide Resident with the following from the date of this Agreement until this Agreement is terminated in accordance with section 9 (the “Term”):

a.	basic monthly accommodation, with the Resident and another CDC client sharing a room, at 4510 Macleod Trail South, Calgary, Alberta (the “Dream Centre”). Room sharing arrangements shall be the discretion of CDC,
b.	three meals per day, including breakfast, lunch and dinner, the menu for which to be set by the CDC in its sole discretion;
c.	laundry facilities and bed linen and towel supplies (excluding soaps and cleaners); and
d.	access (dependant on resident’s schedule) to Dream Centre programs including, but not limited to:
i.	career and life management skills training;
ii.	post secondary education electives offered on-site at the Dream Centre;
iii.	community based work programs that incorporate training and an investment by the residents back into the community;
iv.	counseling, mentoring and spiritual care;
v.	shelter and provisions essentials for living; and
vi.	Supervised structured daily activity schedule;

(collectively, the “Services”).

2. In exchange for the Services, the Resident agrees to the following:

a.	To pay an administrative processing fee of \$25.00 upon approval. To pay \$400.00 (or such other amounts as may be agreed by the parties) per month on the first day of each month;
b.	comply with the Dream Centre Rules and Regulations, a copy of which are attached to this Agreement as Schedule “A”; and The Treatment Program and Supportive Housing House Rules
c.	sign a release of information to enable CDC to complete a criminal records check and police security check.

3. Resident represents that he is:

a.	A male 18 years of age or older; and
b.	Has been detoxed a minimum of 5 days

4. Resident acknowledges and agrees that the Dream Centre Rules and Regulations attached to this Agreement as Schedule “A” and The Residential Program and Transitional Resident House Rules and may change from time to time and agrees to comply with all changes and amendments. Resident agrees that posting any changes to the Dream Centre Rules and Regulations in a conspicuous location in the Dream Centre shall be sufficient notice of the changes for the Resident.

5. Resident agrees to not make any copies of any keys to the Dream Centre or its rooms that are provided to him during the Term. A \$10.00 fee will be charged for each lost key.
6. Resident and a staff member of CDC shall complete an inspection of the room assigned to the Resident prior to the Resident taking possession of the room. The inspection report shall be signed by both persons present at the inspection and shall record the condition of the room at the time of the inspection.
7. Resident agrees to use the room and the Dream Centre for residential purposes only and will not carry on any trade or business without written of the CDC.
8. CDC shall in no way whatsoever be liable or responsible for any damage, however caused, to any property belonging to or owned by Resident.
9. This Agreement shall terminate immediately upon breach of this agreement by the Resident or, at the discretion of the Dream Centre, upon breach of any of the Dream Centre Rules and Regulations by the Resident;
10. Upon termination of this Agreement, the Resident agrees to immediately vacate the Dream Centre
11. This Agreement shall be governed by the laws of Alberta.

		CALGARY DREAM CENTRE
Residents Signature		CDC Signature
_____		_____



SOCIAL ASSESSMENT (To be completed by applicant)

Name _____ Date _____

Cultural Background (circle) **First-Nation** **Metis** **Canadian** **Immigrant**

Do you belong to First nation/Indian band **yes no** Are you registered **yes no**

What language (S) are you comfortable speaking _____

Do you practice any religion? **Yes No NA**

Do you receive any help from your faith community?

Current significant relationships

Name		Relationship	Where they live	Contact frequency

Current family members you have no contact or limited contact with

Name	Relationship	Where they live	Reason no contact

Do you have a significant other and if so how would you describe the relationship?

Do you have any children? _____

Is there current or history of Child Welfare involvement? _____

Which of your extended family are most supportive of you and how do they support you?

Who	How

Have you ever been victim of violence/abuse if so what kinds? (circle)

Physical Mental Emotional Financial Domestic

What is good about your relationship with your family?

What would you like to improve?

Who do you call when you need help?

Do you belong to any groups or clubs? If so what are they?

Are any or have any agencies or institution been involved with you on personal, family or social level? If so list involvement agency and when

What is your highest level of education? _____

Have you taken any special courses (vocational, GED, certificates)?

What was your school experience like? _____

Are you interested in returning to or upgrading your education? If so when?

What type of jobs have you done? _____

Which jobs did you like and dislike and why?

What did you like about working? _____

Was there anything in particular you did not like about working?

What are your best work skills? What do you think you are best at?

Treatment or Supportive Housing

Name _____

DOB _____ SIN _____

AHC _____

Source of income _____ amount _____

Emergency contact _____ phone _____

Marital status _____

History of drug/alcohol use?

Substance	Frequency/quantity	Last use	Received treatment

List previous treatment programs and dates

Have you/do you attend

AA _____ NA _____ CA _____

Do you have a criminal record? Yes No Current charges Yes No

Are you on probation/parole? Yes No Current fines? Yes No Bondable? Yes No

Medical.

Current doctors, specialist, psychiatrist, counselors

NAME	SPECIALTY	PHONE	CURRENT	LAST VISIT

PHYSICAL HEALTH ISSUES

ISSUE	DIAGNOSED DATE	MEDICATION/TREATMENT

MENTAL HEALTH

ISSUE	DIAGNOSED DATE	MEDICATION/TREATMENT

DO YOU HAVE ANY ALLERGIES?

E.

Schedule "A"

Calgary Dream Centre Rules and Regulations

1. No alcohol or drugs. Individuals suspected of substance abuse at any time may be asked to leave the Calgary Dream Centre premises ("Dream Centre"). There shall be no possession or use of controlled substances at the Dream Centre.
2. No Weapons. This includes "toy" weapons and pocket knives.
3. Calgary Dream Centre ("CDC") will not be responsible for any personal items of residents or their guests.
4. No resident shall leave the Dream Centre after 10:00 pm and before * am without consent of CDC.
5. Lights out shall occur at 11:00 pm every night.
6. Residents must not loiter in the neighborhood of the Dream Centre.
7. No pets are allowed at the Dream Centre except approved certified companion animals.
8. Smoking is allowed only in the outside designated areas.
9. Residents are responsible for cleaning up after themselves and their guests and assisting CDC staff with tasks as requested.
10. Residents are to show respect for the property of others, CDC, the Dream Centre and the community. Damage to the Dream Centre or CDC property as a result of misuse or abuse will be the responsibility of the resident.
11. No fighting, striking or threatening CDC staff, other residents or guests or volunteers.
12. CDC staff shall have access to all areas of the Dream Centre, including individual rooms, at all times.
13. Residents shall not be allowed access to or in the offices of the Dream Centre without consent from CDC staff member or volunteer.
14. Visitors of residents are required to sign in and should limit their stay to 2 hours. No visitors may arrive after 9:00 pm. No visitors are allowed in the rooms of the Residents. Visits must not interfere with the residents duties or program.
15. CDC staff may require compliance with additional CDC policies as necessary for the safety and security of other residents and their guests.

F.

“Treatment Program” House Rules (A)

1. Resident gives consent to the fact that there is:
 - a. Security camera surveillance
 - b. Bag searches on entry
 - c. Random and periodic room searches
 - d. Background Checks
 - e. Zero Tolerance for: (The resident may be subject to alcohol and or drug testing at the discretion of the CDC Staff).
 - i. Possession of weapons
 - ii. Drugs
 - iii. Pornography
 - iv. Alcohol
 - v. Threats of bodily harm
 - vi. Physical violence
 - vii. Violent or abusive behavior
 - viii. Inappropriate sexual advances or behavior
 - ix. Gambling
 - f. Residents must be males 18 years of age or older
 - g. Resident is aware that the rooms offered are on a shared basis
 - h. No cooking in rooms and no food requiring refrigeration in rooms
 - i. There will be a \$10.00 fee for each lost key scan card
 - j. No personal vehicles on property without permission
 - k. No pets allowed
 - l. No smoking in building but only in designate area outside
 - m. No televisions, DVD players, or video games in rooms, other than staff or residents with special permission).
 - n. Resident is responsible for their personal laundry
 - o. Resident must be detoxed a minimum of 5 days prior to entry
 - p. Resident must not have a history of violent crime and or sexual offences
 - q. If the Computer Use Policy is violated there will be a loss of privileges for the remainder of the resident’s tenancy
 - r. Resident will be expected to respect the directives of the CDC Staff
 - s. Resident will be free from extreme health and medical conditions
 - t. Resident will reside in keeping with the policies regarding visitors and guests
 - u. No guests will be allowed on Residents floors or in Resident rooms
 - v. Resident is willing to accept exposure to Christian values and content
 - w. Resident will receive breakfast, lunch, and dinner
 - x. Resident will have access to the Program modules as offered
 - y. Resident understands that the CDC is the final authority on screening, admission, and termination. In the event of a resident’s termination, their property will be stored for 7 days and if unclaimed then disposed of. The CDC assumes no liability for lost or misplaced articles for any reason
 - z. Resident will be expected to contribute to the maintenance and operations of the facilities through their participation in residential service.
 - aa. Dating and non-professional relationships between staff, volunteers, and residents is not permitted.
 - bb. Curfew is from 11:00 pm to 6:00 am and written notification is required if you are working or away beyond the curfew hours.



Resident Signature _____

G. "Short Term Supportive Housing" House Rules (B&C)

2. Resident gives consent to the fact that there is:
 - a. Security camera surveillance
 - b. Bag searches on entry
 - c. Random and periodic room searches
 - d. Background Checks
 - e. Zero Tolerance for: (The resident may be subject to alcohol and or drug testing at the discretion of the CDC Staff).
 - i. Possession of weapons
 - ii. Drugs
 - iii. Pornography
 - iv. Alcohol
 - v. Threats of bodily harm
 - vi. Physical violence
 - vii. Violent or abusive behavior
 - viii. Inappropriate sexual advances or behavior
 - ix. Gambling
 - f. Residents must be males 18 Years of age or older
 - g. Resident is aware that the rooms offered are on a shared basis
 - h. No cooking in rooms and no food requiring refrigeration in rooms
 - i. There will be a \$10.00 fee for each lost key scan card
 - j. No personal vehicles on property without permission
 - k. No pets allowed
 - l. No smoking in building but only in designate area outside
 - m. No televisions, DVD players, or video games in rooms (Other than staff with permission).
 - n. Resident is responsible for their personal laundry
 - o. Resident must be detoxed a minimum of 5 days prior to entry
 - p. Resident must not have a history of violent crime and or sexual offences
 - q. If the Computer Use Policy is violated there will be a loss of privileges for the remainder of the resident's tenancy
 - r. Resident will be expected to respect the directives of the CDC Staff
 - s. Resident will be free from extreme health and medical conditions
 - t. Resident will reside in keeping with the policies regarding visitors and guests
 - u. No guests will be allowed on Residents floors or in Resident rooms
 - v. Resident is willing to accept exposure to Christian values and content
 - w. Resident will receive breakfast, lunch, and dinner
 - x. Resident will have access to the Program modules as offered
 - y. Resident's rent is due on the first day of the month. There will be no refund of rent in the event of a termination of residency or if less than 30 days written notice is given prior to moving.
 - z. Resident understands that the CDC is the final authority on screening, admission, and termination. In the event of a resident's termination, their property will be stored for 7 days and if unclaimed then disposed of. The CDC assumes no liability for lost or misplaced articles for any reason
 - aa. Resident will be expected to contribute to the maintenance and operations of the facilities through their participation in residential service.
 - bb. Dating and non-professional relationships between staff, volunteers, and residents is not permitted.
 - cc. Curfew is from 11:00 pm to 6:00 am and written notification is required if you are working or away beyond the curfew hours.



Resident Signature _____

THE CDC's TOP 29 HOUSE RULES

- 1. Rooms and bathrooms must be kept neat and organized at all times and are subject to random inspections for cleanliness. Failure to comply could result in termination of residency**
- 2. As you are living in shared accommodations please show consideration for your roommates and other residents on your floor**
- 3. Rent is due in full at the first of the month. If you anticipate a problem contact administration and make them aware of your situation.**
- 4. Residents must not borrow or lend money to or from staff, guests, or other residents**
- 5. Furniture is not to be added to, moved, or the configuration changed without the CDC's permission. Pictures and posters are not allowed on the walls**
- 6. No candles or incense burning in rooms**
- 7. Personal possessions must fit in the allotted storage space**
- 8. Coffee pots, hot plates, toaster ovens, microwaves, fridges, TV's, DVD players, and video games are not allowed in resident's rooms**
- 9. Computers are to be used for education or business purposes and must be approved by the CDC prior to use**
- 10. Computers are not allowed in residents rooms without permission**
- 11. Violation of the CDC computer policies will result in a suspension of privileges for the balance of the resident's tenancy**
- 12. There is no cooking or storage of food requiring refrigeration in rooms**
- 13. You are not allowed in another person's room or floor without permission from CDC staff**
- 14. Possession of "Zero Tolerance" items or behaviors is grounds for immediate termination of residency**

15. The resident may be subject to alcohol and drug testing at the discretion of CDC Staff.
16. Residents are to honor curfew time of 11:00 pm to 6:00 am
17. Music is to be listened to at a reasonable level and the use of headphones is encouraged.
18. No guests are allowed in resident's rooms or on the resident floors
19. No pets are allowed in the residents room
20. Dating and non-professional relationships between residents, staff, and volunteers is not permitted
21. Resident is responsible for their personal laundry as well as keeping the laundry area clean
22. In the event of a resident's termination, the resident's property will be stored for 7 days and disposed of if not claimed after the 7 days. The CDC shall in no way whatsoever be liable or responsible for any loss or damage, however caused, to any property, belonging to or owned by the residents.
23. The CDC retains the right to conduct random room and bag searches
24. No personal vehicles are allowed on CDC property without permission. CDC approved vehicles must display a CDC tag or they will be towed at the owners expense
25. There is no smoking in the building and only in the designated area outside the building
26. Medications and prescriptions are not allowed in rooms but must be stored in reception or the designated area
27. Residents will be expected to show respect for CDC staff and follow their directives, and follow Case Management Plan
28. Residents understand that that the CDC is the final authority on screening, admission and termination
29. When in doubt on any policy issue or process consult with a CDC staff person for clarification

TO BE POSTED ON THE DOOR OF EACH RESIDENT'S
ROOM AND MUST NOT BE REMOVED
August 7, 2009



CALGARY
POLICE
SERVICE

**CONSENT TO SEARCH AND DISCLOSURE
OF PERSONAL INFORMATION**

(Please Print in Blue Ink)

(Part 2)

Date Received		
YYYY	MM	DD

I, _____, (name) do hereby consent to the collection and disclosure by the
Calgary Police Service (CPS) of:

- Youth Criminal Record (for which a pardon has not been granted)
****Pursuant to the Youth Criminal Justice Act, the collected information can only be disclosed to the individual and not to the agency.**
- Youth: Extra-Judicial Sanctions/Alternative Measures
Pre-Charge – Disclosed if in the public interest. The Calgary Police Service will make the determination on a case-by-case basis.
Post-Charge – Disclosed for a 1 year period from date of completion
- Adult Criminal Record (for which a pardon has not been granted)
- Record of any Absolute Discharge (disclosed for a period of 1 year)
 Conditional Discharge (disclosed for a period of 3 years)
 Stay of Proceedings (disclosed for a period of 1 year)
- Adult Alternative Measures (Disclosed for a period of 1 year from the date of completion)
- Pending charges, outstanding warrants and ongoing investigations
- Probation order, prohibition orders, peace bonds, recognizance orders, and any other judicial orders which are in effect
- Record of not criminally responsible by reason of mental disorder pursuant to section 16(1) of the *Criminal Code* (will be disclosed only if it is determined to be in the public interest. CPS will make the determination on a case-by-case basis).
- Relevant occurrence reports – this may include any relevant occurrence that is not included in the above and will be disclosed if it is determined to be in the public interest. CPS will make that determination on a case-by-case basis. **A relevant occurrence may not have resulted in charges being laid.**
- Vulnerable Sector Record Search (pardoned sex offender) – a search will be conducted for all individuals in a position of trust that will be working or volunteering with vulnerable people. (Note: Vulnerable people are individuals who are at greater risk of being harmed than the general population, because of age, disability, handicap or circumstances, whether temporary or permanent).

NOTE: Police Information Checks can only provide information found at the time of the check, based on information provided by the applicant. The Calgary Police Service does not guarantee completeness of the above listed disclosures, and is limited to information available on search databases. The search does not include information found in any other jurisdiction's local police information systems; nor does it include court information from any other provinces, except convictions registered on the National Repository for Canada, and information entered onto the Canadian Police Information Centre system. **THIS CHECK IS BASED ON CANADA-WIDE INFORMATION ONLY.**

PLEASE SIGN IN FRONT OF: CPS SECURITY CLEARANCE STAFF / OR AGENCY CONTACT PERSON.

I understand that any specific disclosure information will only be released to me.

Signature _____ Date _____

FOR AGENCY USE ONLY:

In the event no information about me is found, I consent that the Calgary Police Service disclose that fact to the agency. If information is identified, I consent that the Calgary Police Service disclose that fact, but not the specific information, to the agency.

Signature _____ Agency _____ Date _____

WAIVER AND RELEASE: I understand that upon release of the above information, the CPS waives any responsibility for the use, application or dissemination of such information by me or by the agency. I agree to waive and forever discharge the Chief of Police and the Calgary Police Service (CPS) from all manner of actions, causes of action, proceedings, claims, losses, damages, demands and expenses of whatsoever kind which may be brought or made against the CPS or which the Chief or the CPS may suffer, sustain or pay as a result of, or connected to, the release of this information.

Signature _____ Date _____

Personal information on this form is collected pursuant to the *Freedom of Information and Protection of Privacy Act* and the *Police Act*. Questions should be directed to: **CALGARY POLICE SERVICE SECURITY CLEARANCE UNIT at 206-2052.**