

Thank you for your interest in New Day's referral package. Here are a few points about eligibility and the referral process, which we hope will address the most common questions about the application and referral process:

Re: eligibility

Clients who wish 2nd-stage supportive housing and meet the following requisites are eligible to apply to New Day:

- ~ 19 years or older
- ~ 90 days abstinent
- ~ demonstrated emotional readiness for semi-independent living in second-stage recovery
- ~ capable of part-time or casual employment *or* attendance at a day-treatment or pre-employment program
- ~ secured funding/income for rent (rates attached)

Re: referral procedures

- ~ clients must have a referring agent complete the attached referral package. For clients who are leaving a treatment program, we ask that relevant discharge summaries be included.
- ~ completed referrals may be faxed to our office: 604-325-0563.
- ~ upon our receipt of the completed referral, a confirmation notice will be sent to the Referring Agent. **Wait times average 4 – 12 weeks, although may be shorter or longer** than that depending on availability and client variables.
- ~ waitlisted clients need to maintain their spot by calling once per week. They can call/leave messages at 604-325-0576 to let us know they are still interested, and to update contact numbers as necessary. Check-ins may also be emailed to admin@chrysalissociety.com, or through our website. ***It is crucial that contact numbers are updated – these numbers will be used to contact clients when beds become available.*** All check-in calls and messages are documented; clients who have made no contact for 14 days will be removed from the waitlist.
- ~ when the client's bed becomes available, the Executive Director and/or our Recovery Skills Facilitator will contact her to arrange an interview time.

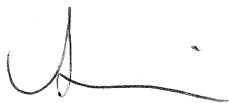
We thank all Referring Agents for completing the referral forms as *fully* as possible; complete and accurate information allows us to support clients most effectively. Thank you for ensuring your client has read New Day's Program & Group Guidelines (attached).

Other notes:

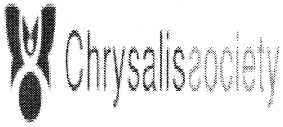
- ~ women can simultaneously apply for New Way by calling ACCESS Central: 1-866-658-1221. New Day & New Way are both 2nd-stage, supportive recovery housing programs. New Day is located in East Vancouver near 33rd & Fraser; New Way is located in South Vancouver near 59th & Granville. Program Guidelines are virtually identical, with the sole exception of when the weekly house group occurs.
- ~ all women who waitlist for either of our 2nd-stage programs are *strongly advised* to develop and implement safe interim plans (ie: shelter & supports) while they wait for their admission – particularly clients completing and exiting other programs.
- ~ women applying from outside the GVRD are encouraged, in preparation for their residence at New Day or New Way, and with the support of a counsellor or other service provider, to explore and (if possible) secure an addiction counsellor in the Vancouver area; as well as contacts and other local resources that will support her individual needs. Information about local resources and referral contacts are available on our website.

Please don't hesitate to contact me should you wish further information.

Kindest Regards,



Andi Wiseman
Administration / Intake



#218 - 3369 Fraser Street
 Vancouver, BC V5V 4C2
 tel: 604-325-0576 fax: 604-325-0563

CLIENT NAME	_____	_____
	LAST	FIRST
CARE CARD #	_____	

**(to be completed by Referring Agent) NEW DAY REFERRAL FORM
 PART 1**

Other Names (aliases/nicknames) _____

SIN # _____ **Date Of Birth** ____ / ____ / ____ **Age** ____
DD MM YY

Cultural / Ethnic ID _____ **Other Language(s)** _____

Address mailing _____ **Postal Code** _____

Phone # 1 _____ 2 (cell or other #) _____ **Msg** Yes No

Email Address: _____

Emergency Contact _____ **Msg** Yes No
Name Relationship Tel

Dependent Children (enter # of children in box) None Living with client Living with separated spouse/partner
 Living with family member In foster care Other _____

Employment Status Full-time Part-time Unemployed

Income Status Employment EI Pension MHSD IA Application Date _____

Per Diem Coverage Self / ADS Subsidy / MHSD : Basic , PPMB , PWD / Other _____

PART 2 – CURRENT STATUS

Current Situation / Areas of Concern (including crisis or circumstances leading to treatment)

Other Particulars: In Detox Homeless Diabetes Epilepsy
 Other: _____

Current Clean Time? Yes How long? _____

Safety Concerns / History or Current Violence in Relationships: _____

Legal None Reported Pending Court Dates _____
 Charges _____
 Outstanding Warrants (what/where) _____
 Probation/Parole (how long/conditions) _____



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PART 3 – PHYSICAL HEALTH

Medical Diagnoses / Major Illnesses:

Other Current Physical Health Issues

TB Tested? No Yes Last Date Tested _____

Pregnant No Yes _____ Weeks Due Date _____ Receiving Pre-Natal Care Yes No

Physician for pre-natal care _____ Tel _____

Relevant Medical History / Prior Hospitalizations

HIV Hep-C FASD

Current Medications (prescription, OTC, supplements – please include current daily dosage [ie: mgs or mls])

Name	DOSE / Condition Being Treated	Current RX Date	How Long on This

Methadone Maintenance Therapy Never

Past **Current** How Long on MMT _____

When _____ Current Dose _____

How Long on MMT _____ Maintenance Reduction

Dose _____ Prescribing Physician _____

Name _____ Tel _____

Allergies (drug, food, environmental – include reactions) _____

Special Needs / Disabilities _____

Special Aids Used _____



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PART 4 – MENTAL HEALTH

Mental Health History / Symptoms

(include psychiatric diagnoses, hospitalizations, other treatment(s), as well as who made the diagnoses – MD, RCC or PSYCH)

Self-Harming Behaviours (disordered eating [specify], cutting, burning)

Suicide Risk current ideation previous attempts details

Current Mood / Presenting Symptoms

Reported:

Observed:

Continue to next section OR Use this space for additional notes



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PART 5 – SUBSTANCE MISUSE

Substance Misuse History Fill in for each substance Enter "0" if not applicable	Method: 1 = Oral 2 = Snort/Sniff 3 = Smoke/Chase 4 = Intravenous 5 = Intramuscular	Amount	Frequency	Years of Use	Date Last Used
Alcohol					
Barbiturates					
Benzodiazepines					
Cannabis					
Cocaine					
Crack					
Crystal Meth					
Ecstasy					
Hallucinogens					
Heroin					
Illicit Methadone					
Inhalants					
Nicotine / Tobacco					
Opiates other than heroin/methadone					
Misuse of other Prescription Meds					
Speedball (Cocaine/Heroin)					

Other Addictions (sex, food, gambling, etc)

Previous Addictions Support / Treatment

Agency / Program(Name)	Dates	Outcomes	Comments



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CLIENT NAME	_____	_____
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PART 6 - PROFESSIONALS INVOLVED (please include at least one contact # for each)

Telephone / Contact Info:	Name	Agency / Office	ph/fax #s
Physician (G.P.)			
Addictions Physician			
Psychiatrist			
Mental Health Team			
A & D Counselling			
Health Centre			
Dual Diagnosis			
IA (MHSD)			
MCFD Social Worker			
Legal			
Parole / Probation			
Other Counsellor			
Support Worker			

PART 7 – VERIFICATION

Client Authorization

I _____, verify that the information provided here is true to the best of my knowledge.
Print Name

I consent to the release of information between Chrysalis Society, the referring agent identified below, and the professionals identified above for collaboration and extension of care purposes.

Client Signature _____ Date ____/____/____
DD MM YY

Referring Agent Identification/Verification

Completed by _____ at _____
Please Print

Signature _____ Date ____/____/____
DD MM YY



RE: CLIENT: SIN #:

for residence at *New Day*

for residence at *New Way*

INCOME SOURCE	MONTHLY TOTAL(S)
MHSD <input type="checkbox"/> ETW <input type="checkbox"/> PPMB <input type="checkbox"/> PWD	\$
ADS Subsidy Funding	\$
EI Insurance	\$
CPP Insurance	\$
Employee Assistance Program	\$
Self/Family Pay	\$
Other:	\$

TOTAL INCOME FROM ALL SOURCES →	\$
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I certify that the above information is true to the best of my knowledge. I understand that the information I have provided will be used only for the income verification necessary for my residency in Chrysalis Society's above-noted recovery home. I authorize Chrysalis Society to contact the above-listed income source(s) for income verification purposes.

.....
Client Signature

.....
Date

★★★OFFICE USE ONLY★★★

MINISTRY OF HOUSING & SOCIAL DEVELOPMENT: COMPLETE & RETURN THIS SECTION VIA FAX

This client has an active and open file: NO

YES: ETW PPMB PWD

Applicable Exemptions / Other Income: CPP: \$ /month

FMEP: \$ /month

Other: \$ /month

This client will have available rent funds upon admission: YES NO

Additional Comments:
.....
.....

Completed by:

Signature:

Date:

PLACE
OFFICE
STAMP
HERE →



DISCHARGE SUMMARY REQUEST

If you are a referring agent who would like a copy of your client's discharge summary sent upon her exit from our program, please complete this form and return with the referral.

Name:

I am the client's:

Organization / Agency:

A/D Counsellor

Social Worker

Address:

RN / RCC / Therapist

Support Worker

.....

Physician

Phone: **Fax:**

Psychiatrist

Other:

I have submitted a referral for

to waitlist for:

New Dawn

New Day

Please send this client's discharge summary when she exits your program via:

fax

mail

Signature:

Date:

Rent Rates for *New Day & New Way*

Income Source	Monthly Income	Monthly Rent	Daily Costs
“Basic” (ETW) Income Assistance from the Ministry of Housing & Social Development (MHSD)	\$610	\$500	\$17 per day
PPMB: Persons with Persistent & Multiple Barriers (MHSD)	\$658	\$550	\$20 per day
PWD: Persons with Disability (MHSD)	\$906 + other allowances	\$650	\$22 per day
Employment Insurance (EI) or Canadian Pension Plan (CPP) – rent rates vary according to resident’s monthly income & will be determined by Chrysalis’ Executive Director	\$800 - \$1600	\$650 - \$1400	\$22 - \$45 per day
“Self-Pay”: Health Insurance, Private Disability Income or other forms of income – individual rates vary according to resident’s monthly income & will be determined by Chrysalis’ Executive Director	\$800 - \$3000	\$650 - \$2400	\$22 - \$100 per day

PLEASE NOTE: Funding & income verification will be required for all potential residents of New Day & New Way Recovery Homes *prior to admission*.



Welcome to New Day! Thank you for taking some time to read over and familiarize yourself with the following policies and procedures, which are meant to keep everyone at New Day safe and clearly informed.

1. WHEN YOU GET HERE:

- a. New residents are encouraged to bring no more than two standard sized garbage bags full of personal belongings. Residents who bring more than this amount will need to find alternative storage.
- b. All bedding is provided for at New Day. Residents have the option to bring a personal pillow.
- c. Residents who own vehicles are permitted to use and operate them once they have provided the Recovery Skills Facilitator with copies of their driver's license and valid car insurance papers; however, they are not permitted to have other residents in their vehicle *at any time*.

2. ZERO-TOLERANCE:

- a. There is no illicit drug use at New Day, and there *is* random urine testing of residents during their stay.
- b. There is zero tolerance for violence or abuse that includes verbal, physical or psychological (slamming doors, yelling, silent treatment etc.)
- c. Weapons, pornography, and lottery tickets are not permitted. Drug use and drug paraphernalia are not permitted.
- d. In-house, intimate/physical relationships are prohibited between residents who are living at New Day

3. MEDICATION

- a. Residents are responsible for their own medication administration, and are to keep their personal medications in their bedside table in their room.
- b. All medications need to be picked up at the pharmacy, **no** deliveries.
- c. Residents are not to share medications, including over-the-counter medications (ie: ibuprofen, acetaminophen) Any other over-the-counter medications coming into the house need to be discussed with Recovery Skills Facilitator prior.
- d. Residents on methadone are accepted at New Day; however, they cannot bring methadone into New Day *at any time*. Daily prescription pickups are to be picked up daily at **Safeway Pharmacy** located at **3280 Oak Street B** (intersection of Oak & West King Edward/25th Avenue). Hours ~ Mon – Fri 8am to 10pm ~ Sat 9am – 7pm ~ Sun 10am – 6pm Alternative arrangements need to be made for weekend carries. There are absolutely **no** narcotics on site at New Day.

4. SMOKING

- a. Chrysalis Society does not supply tobacco products or tobacco paraphernalia. New Day is a non-smoking environment. The *only* designated smoking area at New Day is located in the back yard. Please use ashtrays and keep area tidy. The designated smoking area hours are from 6:00am – 11:00pm; residents are not permitted to use the area outside these hours.

5. DO'S:

- a. All residents are required to have an outpatient Addiction Counsellor that they see and use on a regular basis.
- b. Residents at New Day need to access their own family doctor or physician. Those who have no family doctor or physician can access medical care through a community walk in clinic.
- c. All residents are expected to actively pursue their personal short term and long term goals (ie: training, p/t work, day treatment, volunteer work, education, counselling, parenting program etc.).
- d. All residents are required to attend six self-help meetings per week, with the exception of women who are attending a full-time program. Those who attend a full-time program are required to attend 4 self-help meetings per week. Self-help meetings can be 16-Step meetings or 12-Step meetings. Meeting attendance is to be documented in the Meeting Log book, which is kept by the Sign In/Out book.
- e. Residents are encouraged to explore and create alternative environments and situations that do not put them at risk for relapse, and therefore are discouraged from being in the downtown east side or in other environments where drug use is central or frequent (ie: bars, pubs, casinos etc.).
- f. All residents are expected to dress in a respectful and appropriate manner, with consideration to community and surroundings.
- g. All residents are to fill out their weekly personal progress report and review it with the Recovery Skills Facilitator.

6. DO NOT'S:

- a. Cell phones are permitted; however, they must be turned off and are not to be used within the house. New Day reserves the right to confiscate a cell phone for a period of one week after forewarning when this policy is not respected.
- b. Residents are not to enter another resident's room, unless invited.
- c. Residents are not to move themselves into another bedroom within the house.
- d. There is no lending or borrowing between residents *at any time*.
- e. No holes are to be put in the walls in bedrooms or common areas.
- f. No food or drinks are permitted outside the kitchen area, except water.
- g. No food or supplies are to be taken out of New Day.
- h. Residents are not to use hair dye in the house.
- i. Residents are **NOT** to give the staff emergency cell number out to anyone.

7. GENERAL HOUSE EXPECTATIONS:

- a. All personal belongings are to be kept in bedrooms.
- b. There is a Sign In/Out book by the door - all residents need to sign out when leaving the house, and sign in upon returning. All residents must return home by 11:00pm, Sunday – Thursday; on Fridays and Saturdays women need to be home by midnight unless special circumstances permit – this needs to be discussed with the Recovery Skills Facilitator.
- c. All residents are expected to be up and dressed by 9:00am Monday - Friday.
- d. All residents are required to be present and *at the table* for dinner at 5:00pm at New Day Sunday through Thursday. On Fridays & Saturdays, residents prepare their own meals and are not required to be home for dinner at any set time.
- e. All residents are required to be present at the weekly in-house meetings held every Wednesday from 3:00pm – 5:00pm, and to schedule personal plans around this time. Everyone is encouraged to practice self-care and engage in social activities within the house on Wednesday evenings.
- f. Out of shared consideration for everyone in the house, residents are expected to remain home while doing their laundry *for the entire duration of both wash and dry cycles*.
- g. Residents are expected to be mindful and considerate of the neighbors and noise levels etc. – especially after 10:00pm. New Day is a *residential* recovery home, and our ability to remain so depends on our consideration and respect for our neighbours and community.

8. FOOD:

- a. Breakfast is from 7 – 9:30am Monday – Friday. Breakfast includes toast, hot or cold cereal, fruit and yogurt. Weekend breakfasts include pancake, french toast, bacon, sausages and eggs.
- b. All residents are responsible to clean up after themselves when they eat snacks. Snacks include fruit, toast w/ peanut butter, jam, or cheese whiz.

9. CHORES:

- a. All residents are to complete their weekly chores, which include meal preparation. Chores are rotated and distributed fairly on a weekly basis.
- b. Morning chores are to be completed before leaving the house, unless doing so isn't possible because of attendance at day programs or work, in which case chores are to be completed upon returning to the house.

10. WEEKENDS:

- a. On Fridays, all residents need to fill out the Weekend Plan sheet and place it by the Sign In/Out book *before* leaving for the weekend. It is important that residents follow through with their plans.
- b. After the first weekend at New Day, residents can choose to stay overnight with family or friends. They must return by 4:45pm Sunday, prior to dinner. Those who are scheduled to prepare dinner need to be back by 3:30pm.

11. TELEVISION & PHONE:

- a. Monday – Friday: the television can be turned on after dinner clean-up is completed; it needs to be turned off by 11:00pm. On weekends (Saturday & Sunday) the television can be on until 12 midnight. Please be mindful of program content – the viewing of violence, drug use, and sexual content is discouraged. Light-hearted, humorous and/or uplifting programming is encouraged.
- b. Please be mindful of the time spent on the house phone. There are 9 residents in the house – a maximum of 15 minutes per call is suggested so the phone remains equally available to everyone.

12. RENT:

- a. All residents are responsible to pay their rent on time
- b. Rent is due by the 1st of each month and needs to be hand delivered to the Administrator at Chrysalis' Head Office: #218 – 3369 Fraser Street, Vancouver ~ 604-325-0576.

13. MOVING OUT:

- a. One month notice is preferred when residents decide to leave.
- b. If residents spontaneously decide to leave New Day, their belongings can be held for up to two weeks. Former residents will be responsible to contact the office (phone: 604-325-0576 or email: admin@chrysalissociety.com) to set up an appointment to retrieve their belongings (Monday - Friday 9am – 5pm @ New Dawn).
- c. Residents who are asked to leave are prohibited from calling the house for 30 days in order to maintain safety within the house.
- d. Residents who do not provide two weeks notice before moving out of New Day forfeit the monetary equivalent of two week's rent.



Thank you for taking some time to read over and familiarize yourself with the following guidelines, which are meant to ensure that the group is a safe, respectful time and space for everyone.

2. THE ACTUAL SPACE:

- a. Respect the space
- b. Clean up after yourself.
- c. Leave the space as you found it, if not better
- d. Bring only requested items to group
- e. Keep one foot on the floor at all times to stay grounded

13. CONFIDENTIALITY:

- a. What is said here stays here
- b. What happens here stays here except in cases where harm is caused
- c. Leave street business on the streets

14. NON-CONSTRUCTIVE PARTICIPATION:

- a. Lateness
- b. Being judgmental (includes racism, sexism, homophobia etc.)
- c. Making assumptions
- d. Intentional harm (verbal or otherwise)
- e. Aggressiveness (ie: heavy sighs, rolling of the eyes, posturing)
- f. Interrupting
- g. Cross-talking
- h. Shutting down ideas
- i. Being distracted
- j. Distracting others
- k. Being inattentive
- l. Falling asleep

15. CONSTRUCTIVE PARTICIPATION:

- e. You are responsible for your own attendance and opportunities
- f. Lateness and absence is between the facilitator and the participant
- g. If you need a break, say so, and the group will decide
- h. Be on time (for group & from breaks)
- i. Stay focused on the subject or topic
- j. Sit in a circle so everyone can be seen
- k. Everyone has an equal chance to be heard
- l. Listen
- m. Be respectful
- n. Have respect for other's situations (past & present)
- o. Expect different experiences
- p. Accept feedback
- q. Treat others how you would like to be treated

Everyone is responsible for the guidelines and ensuring that they are being followed.