Stella's Circle
Hope Lives Here

Application Form

Emmanuel House
83 Cochrane Street, St. John's, NL A1C 3L7
Tel: 709.754.2072 Fax: 709.754.6447
Email: emmanuelhouse@stellascircle.ca

Please Note: Emmanuel House is Scent Free

Applicant Information	
Surname:	First Name:
Address:	Telephone:
	Can Message be left? Yes No
	Email:
Date of Birth:	Gender:
Emergency Contact Name:	MCP#
Telephone:	MCP Expiry Date:
Referral Information	
Name of person making this referral:	Date of referral:
Agency/organization:	Telephone:
	Email:
Applicant Eligibility Criteria	
Applicants must meet all of the following criteria:	
· 18 years of age or older	
· in agreement with this referral	
· able to participate in communal living	
· able and willing to participate in group therapy	

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ACCOMMODATION STATUS Please select one:

- ☐ Primary homelessness (e.g. living on the street)
- ☐ Secondary homelessness:
  - ☐ a) Informal accommodation arrangements (e.g. with friends)
  - ☐ b) Emergency or crisis accommodation
- ☐ Transitional housing (e.g. Community Correctional Centre)
- ☐ Long term stable housing (e.g. rental /own home or living with family)
- ☐ Custody/Prison (earliest release date _____)
- ☐ Treatment Centre (specify _____)
- ☐ Hospitalization (admission date _____)
- ☐ Long term unstable housing

Further Comments: _____

Education & Employment History Please select one:

- ☐ Highest grade achieved in grade school: _____
- ☐ Post-secondary
- ☐ No employment history
- ☐ Some employment experienced

Further Comments: _____

HISTORY OF ENGAGEMENT WITH SERVICE/SUPPORT PROVIDERS Please select one:

- ☐ Disengaged (e.g. has withdrawn from service providers and does not want support)
- ☐ Erratic (e.g. inconsistent or fluctuating engagement)
- ☐ Limited engagement (e.g. willing to engage with certain service providers or in relation to some issues)
- ☐ Engaged (e.g. willing to work with service providers)

Please identify service/health providers familiar with applicant:

Doctors: _____
Psychologists: _____
Social Workers: _____
Other: _____

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LEVEL OF SOCIAL CONNECTION Please select one:

A. FAMILY: Applicant is…

- ☐ Socially excluded (e.g. exhibits challenging attitudes/behaviors)
- ☐ Disengaged (e.g. does not have contact with family)
- ☐ Erratic (e.g. maintains contact with family but level of connection fluctuates)
- ☐ Connected (e.g. has contact with family)

Further comments: _____

B. FRIENDSHIPS: Applicant is…

- ☐ Socially excluded (e.g. exhibits challenging attitudes/behaviors)
- ☐ Disengaged (e.g. does not have a friend or friendship network)
- ☐ Erratic (e.g. has friends but level of connection fluctuates)
- ☐ Connected (e.g. has a supportive friendship or friendship network)

Further Comments: _____

C. COMMUNITY: Applicant is…

- ☐ Socially excluded (e.g. exhibits challenging attitudes/behaviors)
- ☐ Disengaged (e.g. does not engage with local community)
- ☐ Erratic (e.g. maintains contact with local community but level of connection fluctuates)
- ☐ Connected (e.g. can identify relationships with local community)

Further Comments: _____

MENTAL, EMOTIONAL AND PHYSICAL HEALTH INFORMATION:

A. Psychiatric diagnosis, Please select those that apply:

☐ Grief	☐ Depression	☐ FASD
☐ Anxiety Disorder	☐ ADHD/ADD	☐ PTSD
☐ Schizophrenia	☐ Eating Disorder	☐ OCD
☐ Borderline Personality Disorder	☐ Bipolar Disorder	☐ Other

Further Comments: _____

B. Mental health and emotional well-being**,** please select one:

- ☐ Unstable (e.g. mental health and/or emotional wellbeing issues unmanaged and affecting day-to-day functioning)
- ☐ Poor (e.g. mental health and/or emotional wellbeing issues partially addressed but continue to affect day-to-day functioning)
- ☐ Managed (e.g. mental health and/or emotional wellbeing issues assessed and being addressed.)

Other Comments: _____

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Substance Use History:

Please indicate all substances used:

Past:

- ☐ Alcohol
- ☐ Benzodiazepine (e.g. Ativan)
- ☐ Cannabis – hashish
- ☐ Hallucinogens (e.g. LSD)
- ☐ Opioids (oxycodone, codeine, heroin)
- ☐ Stimulants (cocaine, crack, ritalin)
- ☐ Prescription Drugs
- ☐ Fentanyl
- ☐ Tobacco
- ☐ Other_____

Current:

- ☐ Alcohol
- ☐ Benzodiazepine (e.g. Ativan)
- ☐ Cannabis - hashish
- ☐ Hallucinogens (e.g. LSD)
- ☐ Opioids (oxycodone, codeine, heroin)
- ☐ Stimulants (cocaine, crack, ritalin)
- ☐ Prescription Drugs
- ☐ Fentanyl
- ☐ Tobacco
- ☐ Other_____

Date of Last Drug use _____

IV drug use history Yes ☐ No ☐

No History of Substance abuse ☐

Treatment History:

Type of Service: Where, When and Duration:

- ☐ Residential or Inpatient _____
- ☐ Community Counselling _____
- ☐ Detox _____
- ☐ Methadone _____
- ☐ Suboxone _____
- ☐ 12 Steps / self help _____
- ☐ Other _____

Gambling History

☐ Yes ☐ No Comments_____

Physical health

Please select one:

- ☐ Unstable (e.g. chronic health issues, unmanaged and impacting on day-to-day functioning.)
- ☐ Poor (e.g. chronic health issues not managed but do not impact on day-to-day functioning.)
- ☐ Managed (e.g. chronic health problems, diagnosed and being treated.)
- ☐ Healthy (no known chronic health problems)
- ☐ Unknown

Please select any that apply:

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Respiratory (asthma, COPD, bronchitis)
- ☐ Hepatitis
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Other _____

E. Child Abuse History

Please select any that apply:

- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Emotional Abuse

F. Life Skills

- ☐ Has self-care needs (cooking, hygiene, budgeting)
- ☐ Has recreation/leisure skills needs
- ☐ Has had OT assessment

G. Harm & Self-Harm

A. Harmed by others as adult:

- ☐ Physical Abuse
- ☐ Emotional Abuse
- ☐ Sexual Abuse

B. Suicidal Thoughts / Attempts:

- ☐ Previous attempts and / or ongoing high risk of suicide.

Date of last attempt? _____

Further Information or Comments:

_____

_____

_____

_____

C. Self-harm

- ☐ Causes or is at risk of causing significant and repeated physical damage to self but not at risk of suicide.
- ☐ Engages in high-risk behavior (e.g. substance abuse, sex work)
- ☐ Does not self-harm

D. Incidence of Harm to Others

Please include incidences that did not result in charges or convictions

- ☐ Causes or is at risk of causing significant harm to another/others
- ☐ Does not harm others

LEGAL ORDERS Please select any applicable orders:

- ☐ Long Term Supervision Order
- ☐ NCR (Not Criminally Responsible) and followed by the Federal Review Board
- ☐ Probation
- ☐ Parole
- ☐ Other

Please specify:

_____

_____

_____

- ☐ No Criminal Convictions

INCIDENCE OF OFFENDING

Please select relevant categories:

A. Previous Convictions for:

☐ Offences against the person (e.g. assault)
☐ Offences against property (e.g. burglary and or theft)

Further information, regarding past or current probation or court orders:

_____

_____

_____

B. Arson – Charges / Convictions:

☐ Arson Charges
☐ Convictions
Please Specify: _____

C. Sexual Assault – Charges / Convictions

☐ Sexual Charges
☐ Convictions
Please Specify: _____

D. Outstanding Charges

☐ Please Specify: _____

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To Be Completed by the Applicant.

What do you know about the Emmanuel House Program?

Identify the problems you feel you need to work on:

What do you hope to learn at Emmanuel House that would make things different for you?

Scented Products are NOT PERMITTED, at Emmanuel House for example: Perfumes, Hair Sprays, Body Sprays, Men's Scented Products.

Applicant Name: _____

Signature: _____

Date: _____

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Medical History to be completed by a physician, nurse case manager or nurse practitioner.

Applicant Name: _____

Clinician Name: _____

Clinician Signature: _____

Date: _____

Medical and/or psychiatric diagnosis:

_____

_____

_____

_____

Current prescribed medications:

_____

_____

_____

_____

Is the Patient compliant with Medications?

_____

_____

_____

_____

Comments:
Do you see any problems that would pose a barrier living communally or participating in group therapy?

_____

_____

_____

_____

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