

The Salvation Army
Addictions and Residential Centre (ARC)



Residential Program Admission Criteria

1. Be a minimum age of eighteen years old
2. Those showing signs of physical and/or mental health signs may be required to provide a physical and/or mental health evaluation
3. Alcohol, illicit substances, drug paraphernalia, and pornographic material must not be present in the Centre
4. Provide proof of identification (photo, government issued)
5. Participate in the Residential Program, sign Residential Agreement and sign Release of Information form, and accept Program Policies which includes an intake assessment process, intake orientation, and weekly program participation
6. Be able to safely manage two flights of stairs
7. Hand in all medications and/or prescriptions to staff for medication storage by Salvation Army staff. You will have access to your medication 24/7
8. Agree that the Salvation Army's designated pharmacy will be utilized to fill all prescriptions while residing at ARC
9. Understand and accept that specialized diets are not accommodated
10. Agree to store all belongings in locker provided. Understand that excessive personal belongings, food preparation appliances, garbage, open food (perishables), and weapons are not permitted and will be removed
11. Must be financially capable of paying for the accommodation fees and must keep their account current (paid up to date)
12. Must be present at the facility for an intake assessment before being admitted into the Program



ARC Residential Program INTAKE FORM

PLEASE PRINT CLEARLY

Name: <i>(Last, First)</i>		DOB: <i>mm/dd/yyyy</i>
Address: <i>Street</i>	<i>City/Town/Province</i>	<i>Postal Code</i>
Emergency Contact: <i>(Last, First)</i>	<i>Relationship</i>	<i>Phone Number</i>
ID <i>(Type)</i> :	<i>Phone Number</i>	<i>Source of Income</i>
Physical Description: <i>Identifying marks</i>	<i>Height</i>	<i>Weight</i>

Please check any boxes that apply to you (MUST COMPLETE IN FULL)

Abusive Behaviour: <input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> N/A
Anger Management: <input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> N/A
Alcohol Abuse/Addiction: <input type="radio"/> Current If current, for how long?	<input type="radio"/> Past If past, for how long?	<input type="radio"/> N/A
Drugs Abuse/Addiction: <input type="radio"/> Current If yes, for how long?	<input type="radio"/> Past If past, for how long?	<input type="radio"/> N/A
Gambling: <input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> N/A
Suicidal: <input type="radio"/> Current	<input type="radio"/> Past	<input type="radio"/> N/A
Criminal Record: <input type="radio"/> Yes	<input type="radio"/> Past	

Current or pending charges	Past charges	
		○N/A
Parole Probation		
○Yes		○No
List Conditions		
		○N/A
Probation/Parole Officer: <i>(Last, First Name)</i>		<i>Phone Number</i>

Do you have any issues with the following?

Money Management	○Yes	○No
Personal Hygiene	○Yes	○No
Laundry	○Yes	○No
Housekeeping Chores	○Yes	○No
Do you feel group living would be good for you at this time?		
○Yes		○No Please explain where possible
Can you think of any problems that could arise from group living?		
○Yes		○No
If yes, please explain		
Do you foresee any issues dealing with both female and male staff?		
○Yes		○No
If yes, please explain		

Do you foresee an issue dealing with other residents for their race, beliefs or cultural background?

Yes

No

If yes, please explain

Please fill in what is applicable and to the best of your knowledge

Family Doctor: (Last, First Name)	<i>Phone Number</i>
Doctor/Mental Health Worker: (Last, First Name)	<i>Phone Number</i>
Medical Diagnosis:	<input type="radio"/> N/A
Medications and Allergies:	<input type="radio"/> N/A
Sleeping Routine/Habits	
Social Worker: (Last, First Name)	<i>Phone Number</i>
AHS/SS Case Worker: (Last, First Name)	<i>Phone Number</i>
Financial Support or Trustee: (Last, First Name)	<i>Phone Number</i>
Is there any additional information you think it may be helpful for us to be aware of?	
<input type="radio"/> N/A	

ARC Residential Program POLICIES



Please take your time to read each point carefully and mark each box with a ✓ once you have read.

- All accommodation payments must be made in advance. Checkout time is 10:00AM on the day your payment is due.
- Smoking is permitted outside of the building in designated areas only.
- The ARC is a scent free facility.
- The ARC is not responsible for your belongings while in residence or for any belongings left behind once leaving the ARC. Belongings left behind are recycled after 72 hrs.
- Clients personal items must not exceed what can be stored neatly in designated lockers (for dorm clients) or in provided storage space (private rooms). No personal items will be stored on the floors, beds, tops of lockers, or under beds. (See Guidelines on back of door in room.)
- Abuse or threat (physical, psychological, verbal) towards staff or other clients will not be tolerated. Intoxication or Anger is not an excuse for unacceptable behaviour.
- Weapons, Alcohol, Illegal/Illicit Drugs, and Pornographic material are not permitted on the premises. If you are under the influence of alcohol or other drugs and/or present a threat to self or threat to others, your access to the building may be restricted.
- Pets are not permitted in the building.
- Additional furniture is not permitted. You are limited to what we provide in your room/dorm. Electrical Appliances (heaters, toasters, kettles, coffee makers, fridge, coolers, etc.), candles, or any other flammable items are not permitted in rooms (fire hazards). Fans, radios, small TVs (see management for approval), and computers are permitted depending on what type of room you are in. (See Guidelines on back of door in room).
- ARC Management reserves the right to inspect your room, dorm, or locker at any time. Rounds and room checks are done regularly by staff.
- You will be required to leave your dorm from 10:00am to 3:00pm, Monday through Friday.
- All medications MUST be handed in for Medication Storage (See Medication Storage Guidelines).
- Quiet time is from 11:00pm to 5:00am. Radios & TVs are to be turned off during this time unless using headphones. Visiting in other client's rooms or dorms is not permitted during these hours.
- Meals (breakfast, lunch, dinner) can be purchased from the Front Desk. If a client does not have a Meal Receipt or Meal Card, they will not be permitted into the dining room. All food and beverages served in the dining room are to be consumed in the dining room and cannot be removed. This includes meals, snacks, coffee breaks, and special events. Clients are not to remove any dishes or cutlery from the dining hall.

If you require a bag lunch, you can request to be placed on the bag lunch list at the front desk. The client's Meal Receipt will be collected or Meal Card initialled for the bag lunch. If a client does not pick up his pre-ordered bag lunch, he will be removed from the bag lunch list for any further days.

Personal motor vehicles, trailers, campers, etc., are not permitted on the Centre property.

If a client is leaving for an extended time (more than one night such as vacation, visit family, work, etc.) but are not moving out and have paid for their bed and want it reserved, an Extended Absence Form must be filled out and submitted to the Front Desk.

All clients moving out of the ARC are expected to inform the Front Desk of the date of their Checkout.

Failure to comply with the aforementioned may result in discharge from the ARC facility.

We trust that you will feel welcome at the ARC as our team endeavors to provide a safe and comfortable environment. Your cooperation and adherence to the above policies is appreciated.

I, _____ indicate by my signature that I have read all the ARC Policies as checked above and will comply with those rules throughout my occupancy at the Salvation Army ARC. I realize that the policies may change while I live here and I will comply with such changes as I am made aware of them. I also realize that failure to follow these policies will result in consequences up to and including cessation of services from the ARC. I also understand that I will receive a copy of these policies for my reference and review.

Applicant Signature _____

Date _____

Staff Witness Signature _____

Date _____



Medication Storage Program

The Salvation Army ARC Residential Program is committed to providing you with a safe environment. Our Residential Staff ensures that your medications are stored and secured in a locked medication cart and are easily accessible 24 hours a day. All medications can be provided to you with assistance via the medication window at any time throughout the day.

We require your full cooperation in this matter. If you are taking prescribed medications of any kind, you must participate in the Medication Storage Program. ***Please take your time to read each point carefully and mark each box with a ✓once you have read.***

- Hand in **all medications** at time of intake and sign this Medication Storage Program document. You are **not** to have any medications in your room. Exceptions to this policy are inhalers, meal supplements, topical creams, nicotine replacement gum and pre-filled automatic injection devices for severe allergic reactions (ex. Epi-Pen).
- All your medications must be prescribed by a licensed physician/psychiatrist.
- Medication prescriptions & refill orders are to be given to the Residential Program Frontline Medication Designate and will be processed through the designated pharmacy.
- Payment for medications is your responsibility. You must arrange this with Pharmacy.
- When you get to the Medication Counter you will be required to provide the Medication Designate with your name and room number. This will be compared to the photo that is on file in our records. This is a safety measure to ensure you are receiving the correct medication bag.
- If you are going to be away from the building for the day, or for a longer period of time, be sure to let the front desk staff know so that your medication can be sent along with you when you leave.
- Please give notice if you are going to be away for an extended period of time.
- When you are leaving the residence permanently, remember to ask for your medications before you leave. You will need to make arrangements with Pharmacare to obtain your medications at your new place of residence

Thank you for your cooperation in ensuring that this service runs smoothly.

I have read and agree to the above Program. I give permission to the Residential Staff to obtain information from my income source, doctor, therapist or specialist for the purpose of providing medication.

Resident: _____
Print Name

Signature

dd-mm-yyyy

Staff: _____
Print Name

Signature

dd-mm-yyyy



ARC Residential Program AGREEMENT

BETWEEN
The Salvation Army Addictions & Residential Centre Residential Program
AND

(Client's Last Name)

(First and Middle Name)

(Date of Birth)

(Social Insurance Number)

here after known as the Program Participant at The Salvation Army Addictions & Residential Centre at 9611-102 Street, Edmonton, Alberta.

1. Participation and enrolment constitutes an agreement to participate in all aspects of the program and follow all the policies of The Salvation Army ARC Residential Program. I understand and acknowledge that this program and the residency components do not fall under the constraints and obligations of the Residential Tenancy Act.

Occupation of a Residential bed starts on:

_____ *Day* *Month* *Year*

2. Term of stay is indefinite and I realize that I should give notice of intent to leave. There is a checkout time of 10:00 AM. Clients who have not paid in advance are expected to vacate their Bed/Room area before 10:00 AM.

Accommodation Fees:

- o **Dorm Beds: Daily Rate \$12.00/Day** (Can be paid **daily, weekly or monthly**)
- o **Private Rooms: Daily Rate \$16.00/Day** (Can be paid **weekly or monthly only**)

3. The ARC Residential Program is directly under the supervision of the Residential Program Manager, whose office is located at 9611 - 102 Ave, Edmonton, Alberta, with a support team (Management, Frontline, Residential Care Worker, Social Worker, Chaplaincy, Environmental, Food Services, and Maintenance.)
4. I fully understand and permit Salvation Army Residential Program Staff to, with the authority of the Residential Manager, inspect my living area for contraband items and/or cleanliness according to agreed terms.
5. The Program has a **zero tolerance policy regarding the use of alcohol and illegal/illicit drugs on the premises**. Clients who are intoxicated (on any drug including alcohol) will not be allowed into the ARC facility until the next day after 8 o'clock. If a client refuses to leave the police will be called to assist with their removal from the premises.

6. Gambling activities, the use of pornographic material, violence, and abusive behaviour towards staff and clients are not permitted on Salvation Army property.
7. If any individual is absent from the Program and facility without notifying staff for a period of 72 hours, their absence will be considered as self-discharge from the program, the Residency Agreement will cease, and the contents of their living area will be removed and held for a period of 72 hours and will then be recycled.
8. The Program Participant agrees to:
 - 8.1 To support others in the Residential Program
 - 8.2 Participate minimum 1x a week in program activities
 - 8.3 To ensure that belongings comply with the belongings Policy. Nothing will be stored on floors, beds, window sills (inside or out) or any other area
 - 8.4 To adhere to the policies of the Medication Storage Program
 - 8.5 To treat all clients with respect and not take advantage of any clients. This includes:
 - o Not selling to or buying from other clients
 - o Not lending to or borrowing from other clients
 - o Not performing for or requesting from other clients services for money or other compensation such as requesting from other clients admission to meals
9. Residency: utilities (heat, water, and electricity), weekly room cleaning and linen change, and coin operated laundry services. Food Services are separate and are available for Residents at meal rates as posted.
10. The resident's privacy will be protected according to Salvation Army Privacy Policy and all applicable Privacy laws. Private information will not be released unless written permission has been given by the client.
11. "Authorization to Release and/or Obtain Client Information" Form must be signed to Participate in the Residential Program.
12. By signing this document the client agrees to abide by the Policies of The Salvation Army ARC Residential Program. This Residential Agreement is not valid until signed by the Program Participant, and the Residential Manager.
13. Failure to comply with this Agreement may result in disciplinary action including immediate discharge from the Residential Program.

Applicant: _____

 Signature dd-mm-yyyy

Staff: _____

 Signature dd-mm-yyyy

Manager: _____

 Signature dd-mm-yyyy

All information is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act and will be protected under the provisions of the Act. If you have any questions about the collection of this information, you may contact Stephen Luck, FOIPP Coordinator, Alberta Seniors and Community Supports, at (780) 415-6039 or 2nd floor, Standard Life Centre, 10405 Jasper Avenue, Edmonton, AB, T5J 4R7

AUTHORIZATION TO RELEASE and/or OBTAIN CLIENT INFORMATION



I **agree** that my personal information may be shared with Service Providers and/or any person or agencies acting on behalf of these organizations, who can contribute to my care. The information may be collected from sources such as:

- Federal, Provincial, and Municipal government departments
- Healthcare, Medical and Pharmaceutical agencies and professionals
- The Police
- Medical, Psychological/functional reports

I **understand** that this information will be used for the purpose of providing service/care to me.

I **understand** that my authorization will remain effective for the duration of my stay, and from the date of my signature, and that the information will be handled confidentially.

I **understand** that I may revoke this authorization at any time by giving written notice to the Salvation Army office. I also understand that the withdrawal of my authorization to share information may result in a reduction of services being available to me.

I **understand** that I have the right to restrict what information may be shared and with whom, and this may affect the provision of care to me.

I **understand** that my information will be held securely on paper and on computer in compliance with the Freedom of Information and Protection of Privacy Act.

I have made the following restrictions: (if applicable)

I, _____, authorize the Director or delegate of the
Client's name / Guardian representing the client

Salvation Army office to **release** and/or **obtain** information so that my support services can be properly coordinated and implemented.

Client/Guardian Signature

Date

Staff Signature

Date

The Salvation Army
Addictions & Residential Centre
9611 – 102nd Avenue
Edmonton, AB T5H 0E5



Photo Consent Form

This form is being completed by: Client Staff Member Volunteer

I, _____, a agree to be photographed and to permit
(Print Name- First and Last)

The Salvation Army Addictions & Residential Centre to use my photograph for the following purposes:

Mandatory

Clients

- Client File
- Client ID Card
- Medication Administration ID

Staff & Volunteers

- Employee Personnel File
- Employee ID Badge

Client/Trustee/Guardian Signature

Staff/Volunteer Signature

dd/mm/yyyy

dd/mm/yyyy

Witness

dd/mm/yyyy

Optional

I agree to permit The Salvation Army Addictions & Residential Centre to use my photo to use some or all photos taken of ARC activities and events for publicity purposes. I am aware that photographs of me may be used in some or all of the following material: brochures, posters, ad campaigns, websites, display boards, media articles (including magazine and newspaper articles).

Client/Trustee/Guardian Signature

Staff/Volunteer Signature

dd/mm/yyyy

dd/mm/yyyy

Witness

dd/mm/yyyy



Giving
Hope
Today

ARC Bed Bug Clothes Sign-Out & Accounting Form

STEP 1: Client Name: _____

STEP 2: Clients must Shower & Put on Clean Clothes

STEP 3: Clothes Loaned: Frontline gave set of clothes to client above on

Print Name of Frontline giving clothes

Date

Signature

I understand that these clothes I am signing for receiving are just a loan and will return them as soon as my own clothes are clean & dry and I have changed back into my clothes.

Signature of client receiving clothes

Date

Signature

STEP 4: Clothing that was supplied on loan by the program should be collected, and sent to the ARC Laundry for washing.

STEP 5: Clothes Returned: Frontline received set of clothes from client

Print Name of Frontline receiving clothes

Date

Signature

I certify that I have returned the set of clothes listed above

Signature of client receiving clothes

Date

Signature

STEP 6: Clothes Sent to Laundry: Frontline gave set of Clothes to Laundry Staff on

Print Name of Frontline giving clothes

Date

Signature

Print Name of Environmental Staff receiving Clothes

Date

Signature