



Please put a ✓ in box beside the program you are applying for:

- Transitional Housing (THPGV)** 12520 140 Avenue, Edmonton AB T5X 5Z1  
780-244-2962 fax 780-426-5392 [ecoh.transitional@salvationarmy.ca](mailto:ecoh.transitional@salvationarmy.ca)
- Transitional Housing Downtown (THPDT)** 9304 103a Ave, Edmonton AB T5H 4R4 587-635-4486 fax  
780-428-4407 [ecoh.dttransitional@salvationarmy.ca](mailto:ecoh.dttransitional@salvationarmy.ca)
- Stabilization (SHP)** 12520 140 Avenue, Edmonton AB T5X 5Z1  
780-244-2962 Ext. 131 [ecoh.stabilization@salvationarmy.ca](mailto:ecoh.stabilization@salvationarmy.ca)
- Men’s Recovery** 11838 82 Street, Edmonton AB T5B 2W2  
780-490-6501 fax 780-477-2532 [ecoh.keystone@salvationarmy.ca](mailto:ecoh.keystone@salvationarmy.ca)

**EXCLUSIONARY CRITERIA (Not suitable for our programs.)**

- Not identifying as the gender required by the program.
- Inability to pay for programming as set out for specific programs.
- Unsuitable for programming as determined by staff.
- Unsuitable for programming due to physical or mental health instability.
- Unsuitable due to mobility issues in programs that do not have proper accessibility.
- Unsuitable due to inability to attend to activities of daily living.
- Unsuitable for programming due to violence/aggression.
- Unsuitable for program due to balance owing or previous cessation of services.

The personal information collected through ECOH Salvation Army is for supporting provision of shelter and housing services to the participant. This collection is authorized by section 33 (c) of the Freedom of information and Protection of Privacy Act. For questions about the collection of personal information contact the Director of programs at 780.429.4274 by email at [ecoh.info@salvationarmy.ca](mailto:ecoh.info@salvationarmy.ca) or mail to 12520 140 Ave Edmonton Alberta T5X 5Z1

**Men’s Recovery ONLY**

This is a preliminary intake assessment, **not a confirmed bed**. This is the first step in the intake process.

1. Complete this (preliminary) intake package. *This is an intensive live-in recovery program.* (Call with any questions.) Sober living.
2. Receive a Step 2 Acceptance email or a telephone call and complete **telephone or virtual interview**.  
\*You may be placed on a waitlist. Waitlists are managed by Acuity Scale.
3. Receive an intake date. Please arrive by 8:30 am on the date given. Some intakes can progress immediately based on beds available.

**Conflict of interest statement:** The Salvation Army and its staff are required to disclose or recuse themselves if there is a real or perceived conflict of interest.

**ALL APPLICABLE SECTIONS IN THE APPLICATION MUST BE COMPLETED.**

## SECTION 1: ADMISSION CRITERIA

Please put a ✓ in box beside each line indicating you have read, understood, and agree:

**ALL Housing Programs:** Must meet all below criteria *and* program-specific section (A, B, C or D).

- Willing and able to participate in housekeeping duties.
- Agree to store all belongings in the assigned suite/bed/locker provided. All personal belongings must fit into the storage provided.
- Understand that garbage, food, weapons, pornography, alcohol/marijuana/illicit/illegal substances/paraphernalia are not permitted and will be removed and disposed of.
- Consent to random searches.
- I understand that refunds cannot be given on the same day as requested. All refunds are provided by EFT (electronic funds transfer – banking information is required).
- Will participate in a smoking cessation program.
- Will fully participate in the program; there are some mandatory components/sessions/classes/meetings.
- Will be required to build, engage, and adhere to the Transitional Plan while in the program.
- Willing to abide by the program philosophy, policies, schedules, rules, and willing to participate in all program components which may include counseling, group work, class work, homework, spiritual/emotional care, physical activity, assessments, service opportunities (chores), care of client area, and all relevant activities scheduled by Program staff.

***\*All participants will be given the Participant Handbook for review with staff upon intake/orientation.***

### **A. TRANSITIONAL Housing Program (s) THPGV and THPDT**

- Minimum age of 18 years.
- Willing and able to pay program fees.
- Shower/Intake procedure required.
- Visits in Room are not allowed (including from other participants). I agree this is a time-limited program, focused on rehousing and community connection. I am willing and able to engage with staff to find suitable housing.
- I agree to leave my room as per scheduled cleaning requirements. Rooms will be off limits for blocks of time (example. 10am-2pm)
- I understand this program is a maximum of 18 months; I will focus on a plan to complete my goals as quickly as possible.
- Meals are currently provided by The Salvation Army (subject to change based on funding).
- Parking is not available. Vehicles on the property will be towed.

### **B. STABILIZATION Housing Program**

- Minimum age of 18 years.
- Referred by a referral agent.
- I agree to obtain approved leave passes and will sign in and out as per program requirements.
- Meals are included.
- Rapid short stay (14 DAYS) or determined by Transitional Plan.
- Moving towards housing or treatment bed date.
- I agree I do not need medical detox. On site use not permitted. This is a sober program.
- I agree to quiet time (curfews), which is 9:30pm to 6:00am.
- Parking is NOT available. Vehicles on the property will be towed.
- I agree to medication administration. I will present myself to the medication room for prescribed medication at the times indicated and take medications in the presence of staff.

## C. Men's Recovery Program

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- Male/Identifies as male. Minimum age of 18 years.
- Has recently completed a residential substance dependence treatment program and/or have 90 days at least of sober time.
- Complete an intake interview I agree that visitors are not allowed in private programs or spaces.
- This program has a pet (cat).
- I agree to obtain approved passes for leaves and will sign in and out as per program requirements.
- I agree that written permission is required for work or school or volunteer positions.
- I agree to quiet time (curfews), which is 11:00pm to 5:00am. I will stay on the property.
- I agree to not have a TV in my room.
- I agree to live in sobriety; this is a sober living house with a focus on my recovery; I agree to random urine drug screen tests.**
- Food for meal prep is provided. Each suite is equipped with a kitchen.
- I understand that although this program is a maximum of 18 months, the focus is on a plan to complete my goals as quickly as possible.
- I agree to use the contracted pharmacy and medication administration. I will present myself to the medication room for prescribed medication at the times indicated and take medications in the presence of staff.
- Parking: first come, first served; limited parking is available.

## SECTION 2: PROGRAM SERVICE AGREEMENT (RULES)

Please take your time to read each point carefully and mark each box with a ✓ once you have read it.  
Participant agrees to the following:

- I agree and understand the program does not fall under the Landlord and Tenancy Act.
- I agree I can be discharged at any time upon the sole discretion of The Salvation Army Edmonton Centre of Hope staff – without cause, without notice.
- I agree this is a scent-sensitive environment.
- I agree to always be presentable (clean clothing/proper footwear) and in good hygiene.
- I agree no pets are allowed of any kind. Service animals are accepted.
- I agree that ECOH is not responsible for my belongings; anything I leave behind will be packed and disposed of within 72 hours of my departure.
- I understand that loss of personal items in any event is not covered under the liability insurance of The Salvation Army.
- I agree to use only command-type adhesives (no nails) to hang items on my walls.
- I agree not to give, borrow, steal, or sell any item or service while in the program. Includes paying fees for someone else.
- I agree to check in with staff once every 24hrs; failure to check in will require staff to seek me out during rounds, including nights.
- I agree that this is not a detox program, and substance abuse and intoxication are not permitted.
- I agree to not be behaviorally disruptive while on ECOH property.
- I agree to smoke only in the designated smoking areas. No indoor smoking. (Keystone offsite smoking only).

- I agree to not tamper with any fire alarm/security system/heating/cooling vents/mattresses/smoke detector/window screens/window locks, etc.
- I agree that I can manage my emotional state. Verbal/Emotional/Physical abuse is not tolerated.
- I agree that if deemed by myself or staff that medical attention (for physical or mental distress) is required, I will be assessed and will not decline recommended service.
- I agree that if I become deceased while in the program, my belongings will be released to the person I have identified on file or disposed of, as per policy.
- I agree that I will not have excess possessions including garbage or food. All items must be stored according to staff direction. \*Regular checks without notice are performed. Extra items are removed without notice or compensation.
- I consent to staff entry without notice or permission.
- I agree to not have or bring into the building ANY item considered: disrespectful, racist, dangerous, weapons or an item that is used as a weapon, pornographic, drug-related/paraphernalia, drugs/substances, alcohol. I will use my fob/key only to let **myself** into and out of the site, no non-participants will be allowed/brought in.
- I agree to regularly meet with staff, to support me and to identify my goals while in the program.
- I agree that I am willing and able to complete the mandatory hours/classes/sessions in my program.
- I agree to provide documents requested by staff within 7 days of the request.
- I agree to treat all persons and property with respect – to not damage, abuse or intimidate.
- I agree to pay for damages caused by negligence or actions. Associated costs will be outlined in a restitution agreement.
- I agree that the Salvation Army is not liable for my property or for any actions by other participants within the programs.
- I agree to not add any furniture or appliances or televisions without **written permission**; these will be removed and disposed of without notice or replacement. There is a 1 screen limit. Screens cannot be larger than 32 inches.
- I agree that all mail will be delivered to the office area of the program. I will request this from staff.
- I agree that my key or fob cannot be copied. I will report a lost key/fob. I accept there is a replacement fee of \$5.00 for a key and \$15.00 for a fob. I agree to not install/alter locks. These will be cut immediately without notice.
- I agree to see the medical staff as required.

## SECTION 3: PARTICIPANT INFORMATION

**Complete the following in the spaces provided. If any information is not applicable, indicate as NA. Please mark all questions.**

### GENERAL INFORMATION:

First Name:			Last Name:			Nickname (or other name known by):		
Date of Birth:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female		Provincial Health Card Number:			
DD		MM		YYYY				
Phone Number:			If you do not have a phone number, how can we contact you?					
Language(s) Spoken:					Language(s) Understood:			
Status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Band Name:				10-Digit Treaty Number:		
Emergency Contact:			Telephone:			Relationship:		
My belongings can be released to:								
Name:			Telephone:			<input type="checkbox"/> Same as above (Emergency contact)		
Do you have any communicable diseases?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:			
Are you taking an (OAT) Opiate Agonist Replacement Therapy?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:			
Family Doctor Name:			Clinic location:					
If prescriptions or an ambulance are required, how will it be paid for?								
<input type="checkbox"/> Alberta Works <input type="checkbox"/> AISH <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Canada (INAC) <input type="checkbox"/> Other:								
Account #: _____								

### RELATIONSHIPS:

Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
Children / Dependents							
Name:		Gender:		Age:	Relationship:		
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
		<input type="checkbox"/> Male <input type="checkbox"/> Female					
Are you adopted, or did you spend time in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:							

Do you have any spiritual/religious beliefs?  Yes  No Comments:

Would you like to meet with a Chaplain? • Yes • No Comments:

Are you under any of the following legal conditions?  
 Bail  Parole  House arrest / Need supervision for outings

Is a probation order attached?  
 Yes  No  I am on a registry  Other (provide details, dates, etc)

Contact for legal issues: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Role: \_\_\_\_\_ Email: \_\_\_\_\_

**SUBSTANCE(S) USED:**

Substance of Choice:	Daily	Weekly	Monthly	Other helpful information:
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**WITHDRAWAL AFFECTS:**

<b>Symptoms:</b>		<b>Comments:</b>
Blackouts, seizures, hallucinations, DT's, or violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Days substance-free:		
Did you attend detox?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROCESS CHALLENGES:**

<b>Process/Behavioral/Emotional Struggles:</b>		<b>Comments:</b>
Gambling, eating, sex, grief/loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**TREATMENT HISTORY:**

Have you been to a residential treatment program before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you maintain your sobriety? Who are supportive people in your life (would you like them added as contacts)?			
If YES, please provide information on your previous treatment experiences:			
Year	Treatment Centre	Substance	Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Describe your reason(s) for currently requesting to enter the program:			
The most important "goal for you right now" is:			

\* All programs are housing and recovery-focused transitional programs.

**HEALTH:**

Have you been diagnosed with mental/medical illness(es)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is medical documentation attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on psychiatric medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe medication:	
Are you taking medication consistently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:	
Previous suicide attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? Comments:	
Medical Issues:			
Medications currently prescribed:			

**OTHER NEEDS:**

Provide information about other issues and needs.

Describe other significant issues we need to be aware of (reading, writing, hearing, vision, ability to sit or stand for periods, recently hospitalized, chronic or brain injury, dysregulation of emotions):
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## SECTION 4: REFERRAL INFORMATION

\*Mandatory for Stabilization Program

Referral Worker Name:
Title:
Agency:
Telephone:
Email:
Will you continue to see the participant? <input type="checkbox"/> Yes <div style="text-align: right;"><input type="checkbox"/> No</div>
Signature: <span style="float: right;">Date:</span>

## SECTION 5: SERVICES ECOH WILL PROVIDE

**A.** The ECOH will provide the following services to the extent that staff are available, reserving the right to add, change, and suspend the same without notice.

Counseling and support (including substance dependence and rehabilitative life skills) by the program staff (to the extent that trained staff are available).	Employment assistance programs.	Spiritual and emotional care.
Co-building of a Transitional Plan, reviewed and edited regularly with the staff and participant; goal setting.	Facilitated recovery groups (to the extent they are available).	Assessments as deemed appropriate.
A mandatory number of supported hours of programming, such as classes and workshops; hours to be determined by program staff and participant.	Outings or events (may be assigned as mandatory program events)	Co-ordination of community-based supports and outside support services.
Assistance with applications for government services and support.		



**License Agreement between the Edmonton Centre of Hope (ECOH) and the Participant named above:**

The Salvation Army has agreed to make available, and the Participant has agreed to accept, the services in accordance with the Program. The Participant agrees that the terms of this service agreement and the period of participation by the Participant in the Program shall commence on the start date and shall continue until the end date or discharge from the Program whichever is earlier.

Start Date: \_\_\_\_\_ End Date (Outside): \_\_\_\_\_  
                  dd-mmm-yyyy   dd-mmm-yyyy

(Rapid short stay – 14 DAYS – Stabilization Housing Program)

**The Salvation Army is entitled to terminate this agreement and the occupancy of the Participant at any time without cause, without notice and without liability.**

Heat, water, and utilities are included in the license. Program living spaces are shared accommodations.

**FEES:**

**Transitional Housing Program**

**Private bed: \$17.00 per day**, check out 10 am (\$510.00/month based on 30 days)

**Men’s Recovery**

**Bed rate: 0.00 per day (0.00 per month)**

**License Terms:**

***Licensed use: The Participant will be permitted to use one of the residential beds (units) at the building; any live-in space is covered by license use, as part of the services designed to assist the Participant to develop and learn the skills required for independent living.***

*The Participant agrees that this use will be a personal license, which does not create a tenancy and does not give the Participant any rights to occupy the unit beyond the terms outlined here. The unit is licensed to them only for the purposes of providing the services of the program, allowing them to practice their skills, in a hands-on way.*

- A) The Salvation Army may revoke this permission at any time, or may require the Participant to move to another unit, or may add a participant to the unit. The Participant agrees that The Salvation Army may modify this license to occupy in this fashion at any time.*
- B) The Participant specifically agrees this license and program do not fall under the protections of the Residential Tenancy Act and is not a Tenancy Agreement.*
- C) Upon termination of this license, the Salvation Army may have the Participant and their belongings immediately removed from the unit.*

*D) The term of this license to occupy shall commence and terminate as set out in this agreement.*

*E) The parties agree that the rules in section 2 are an integral part of this license to occupy, and are incorporated herein by reference.*

*F) The Participant, further, agrees to:*

*(a) not use the room or facilities (“Facilities”) or conduct any activities in the Facilities or on the property that are in any way inconsistent with or contrary to the mission, values and charitable purposes of The Salvation Army;*

*(b) abide by the Salvation Army’ rules set out in this form, and as notified to me from time to time;*

*(c) not do any action which may interfere with the use of the Premises by The Salvation Army, other Participants or by others invited or permitted onto the property by The Salvation Army;*

### **Program Participant Agreement:**

I authorize the documentation of my information for program purposes. I understand and accept the program as described. I understand failure to adhere, or dishonest answers may result in me being discharged or denied intake to the program. I accept that this is an intensive program, requiring my engagement and willingness, with mandatory requirements, schedules and agreements. I understand there are **no** extensions on credit or time of stay. I understand that counseling and therapeutic interventions may be a part of my program, and consent to the same.

I understand that I will be held accountable for the agreements set out in this agreement, the ECOH Participant Handbook, and the Transitional Plan. My signature and that of the program staff make this agreement binding.

I have been provided with a copy of the ECOH Participant Handbook and have had my questions answered by staff. Refer to page 11.

<b>Participant Rights</b>	<b>Participant Responsibilities</b>
To feel physically, emotionally, and culturally safe – treated with dignity, respect, understanding, and kindness.	To respect others and property, contributing to their right to feel safe and be treated with dignity, respect, understanding and kindness.
To make their own choices about spiritual and religious care.	To respect others' choices about spiritual and religious care.
To expect fair and compassionate service from our staff, regardless of race, gender, sexual orientation, age, religion, disability, etc.	To give or refuse consent about how their personal information is shared.
To have access to a clean environment and facility, and reasonable privacy.	To contribute to a clean environment and to respect the privacy of others.
To actively contribute to their treatment and recovery planning, goals, and decisions.	To participate fully in their program.
To be accompanied on their journey for as long as needed and to be offered second chances, and beyond.	To understand their freedom to choose, and their ability to effect change.
To be the recipient of the very best The Salvation Army can offer.	To ask questions if they do not understand any communication from the Salvation Army.
To be treated in a program that engages in continuous quality improvement and strives for excellence.	To use the complaint, grievance, and appeal process to address concerns as needed.
To be exposed to the love of God by example, and in context of the gift of choice that is from God.	To respect staff and fellow participants through maintaining appropriate language and behaviour and by adhering to the guidelines and procedures in the handbook.

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Program Staff (print name): \_\_\_\_\_

Staff Signature: \_\_\_\_\_

**AUTHORIZATION TO RELEASE AND/OR OBTAIN  
CLIENT INFORMATION**

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I authorize the Salvation Army to share my personal information with Service Providers and/or any persons or agencies acting on behalf of these organizations, who can contribute to my care. The information may be collected and shared with sources such as: Federal, provincial, and municipal government departments \* Healthcare \*Police Specified service providers:

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I **understand** the reasons for sharing this information as stated below.

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 consent is voluntary; however, this may limit the ability of services to work together on my behalf.

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 also understand why I have been asked to disclose my individual identifying health information and have been informed of the risks and benefits of consenting or refusing consent, to such disclosure.

I **understand** that by signing this form and joining this program I am **agreeing that recording is used in all public areas(in/outdoor)** of the property, may be stored, and may be released to any of the above.

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/limitations** (if applicable please list restrictions)

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I, \_\_\_\_\_ authorize the Director or delegate of the  
*Participant's name / Guardian representing the participant*

Salvation Army office to **release** and/or **obtain personal information**.

Statement of use – **Personal information that is collected will be used only to provide counselling and intervention services. Service providers will primarily deliver service. Where services must be delivered by extended service providers, information will only be disclosed to them with consent. Information will not be used for any other purpose unless required by law and will only be disclosed to external parties with the consent of the individual to whom it pertains.**

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*(Participant's name)*                      *First*    *Middle*    *Last*

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*Participant/Guardian Signature*

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*Effective date:*

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*Witness/ Salvation Army Signature*

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*Position*

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*Staff print name*

Consent removed date: \_\_\_\_\_ Signature \_\_\_\_\_

Staff Signature: \_\_\_\_\_