

Referral Form

PLEASE FAX COMPLETED REFERRAL TO RESET @ 403 205-5549

Any questions please contact Liz Gibson @403 918-7311

PERSONAL INFORMATION (IS IT SAFE FOR YOU TO TALK.)

1. Name:

2. Best way to contact you? Is it safe for me to leave a message? Y / N

Phone:

Email:

Alternate Contact Name:

Alternate Contact Number:

3. Date first contacted RESET for Services:

4. [Do Not Ask] Date this form is started:

Criteria met

ELIGIBILITY

Eligibility Criteria

- 16 years of age or older
- Female or persons identifying as transgendered and those undergoing gender reassignment procedures would also be considered.
- Being sexual exploited or is at risk of sexual exploitation
- Past Participant of RESET programming
- Self-referral
- Desire for recovery, healing from exploitation and willingness to participate in the RESET program

5. Age/DOB:

Y / N / ?

6. Our mandate is to support women who have been involved in sex work or are at risk of becoming involved in sex work. Can you share how this fits for you?

What category does your experience best fit with

- At Risk
- Survival Sex
- Inside Work (escorting, massage parlor, phone and internet advertising, etc.)
- Outside Work (streets)
- Both Inside and Outside Work

Notes:

Only ask if it is safe to do so.

7. Do you have any court dates?

- Family court?
- Criminal court?

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8. Do you have a Lawyer?

Contact information: _____

Are you on probation or parole? Yes _____ No _____

Contact # of probation/parole officer _____

Do you give RESET verbal permission to speak to your lawyer, probation officer, and/or parole officer to discuss program entry? Yes No

EXPLAIN PROGRAM/RULES

PROGRAM

- We are an abstinence program (no drugs or alcohol)
- We are NOT a Housing First program
- We are NOT a treatment program – we are a life skills/recovery program
- Life Skills Program
 - Daily Check-in
- Frontline Housing

RULES

- Curfew
- Sobriety
- Dress Code

9. Any physical health or mental health concerns you may have that could prevent you from participating in the Reset program.

Yes: _____ No: _____

Anything else you would like to share with us.

10. Why do you think this program would be suitable for you? If past participant, what is going to be different this time (e.g. Attitude)?

(Repeat the program criteria for abstinence – *“We understand the process of relapse. At RESET, relapse requires attendance at detox and possible treatment program.”* Discuss plan for possible Participant to become/ remain abstinent.

11. Have you used drugs or alcohol within?

- the last 24 hours
- the last week
- the last month
- more than a month

12. When you are using, **what** is your drug of choice, **how often** do you typically use?

- Daily
- 4 or more times a week
- 2-3 times a week
- Weekly

13. Is applicant sober, enrolled in a treatment program or planning to enroll in a treatment program prior to entering RESET?

0	1	2	3	4	5
Not sober and not planning to enter treatment			Currently in treatment		Sober and / or completed treatment

14. Do you need to detox?

15. Where do you plan to stay while on the wait list?

(Staff use only)

Does the applicant meet all of the eligibility criteria?

YES / NO

(If ineligible for the program and the person is not connected to a support program that will find an appropriate service, please provide three referrals and note here:

- 1,
- 2,
- 3,

How concerned are we for this client's safety while on the waitlist?

0

No Concerns

1

2

3

4

5

Very Concerned

Date Client added to wait list:

Date(s) waitlist priority changed along with reason for this:

Date Client withdrew from waitlist:

Date Client admitted into Program: