

Referral Form

PLEASE SEND COMPLETED REFERRAL TO RESET

Fax @ 403-205-5549 or email liz@resetcalgary.ca

If you have any questions, please contact Liz Gibson at 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:	
ELIGIBILITY	Criteria Met Y / N / ?
Eligibility Criteria <ul style="list-style-type: none"> • 16 year of age or older • Female or persons identifying as transgendered and those undergoing gender reassignment procedures would also be considered • Being sexually exploited or 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:	
6. Our mandate is to support women who have been involved in the sex trade or are at risk of becoming involved in the sex trade. Which category best describes your experience? <ul style="list-style-type: none"> <input type="checkbox"/> At Risk <input type="checkbox"/> Survival Sex <input type="checkbox"/> Inside Work (escorting, massage parlour, phone and internet advertising, etc.) <input type="checkbox"/> Outside Work (streets) <input type="checkbox"/> Both Inside and Outside Work <input type="checkbox"/> Other (Specify): _____ Notes:	
*Only ask if it is safe to do so. *	

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<p>7. Do you have any court dates? Y / N If yes,</p> <p style="margin-left: 150px;"> <input type="checkbox"/> Family Court? <input type="checkbox"/> Criminal Court? Dates? _____</p>	
<p>8. Do you have a lawyer? Y / N If yes,</p> <p>Lawyer Name: _____ Contact Information: _____</p>	<p>Are you on probation or parole? Y / N If yes,</p> <p>Probation/Parole Officer Name: _____ Contact Information: _____</p>
EXPLAIN PROGRAM/RULES	
<p><i>RESET is a voluntary program. RESET does not accept women who are specifically mandated to attend RESET.</i></p> <p>PROGRAM</p> <p><input type="checkbox"/> We are an abstinence program (no drugs or alcohol; methadone & suboxone are ok) <input type="checkbox"/> We are NOT a housing first program <input type="checkbox"/> We are NOT a treatment program – we are a life skills recovery program <input type="checkbox"/> Full-time programming – Mon to Fri 9:00 – 4:00, half day Wed for appointments <input type="checkbox"/> Frontline Housing</p> <p>RULES</p> <p><input type="checkbox"/> Curfew <input type="checkbox"/> Sobriety <input type="checkbox"/> Dress Code</p>	
<p>9. Any physical or mental health concerns that could prevent you from participating in the RESET program? Y / N If yes: _____</p> <p>Are you pregnant? Y / N</p> <p>Is there anything else you would like to share with us?</p>	

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

Is the applicant sober, enrolled in a treatment program, or planning to enroll in a treatment program prior to coming to RESET?

13. While you are on the waiting list how concerned, are you for your safety?

0	1	2	3	4	5
No Concerns					Very Concerned

14. Do you have any children that will be in your care while in the program?

- None Pregnant 1 or more (Please note age and gender of children below):

Is there anything else you feel would be important to share about yourself?

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I, the undersigned, hereby authorize <referring agency> _____,
 <contact name>_____ to release/ exchange the above
 information to RESET Society in order to inform and arrange for an intake meeting to be
 scheduled / assess program eligibility.

 Participant Name

 Participant Signature

 Date

For Office Use Only
Date referral received
Anticipated Date of Entry
Date anticipated date of entry communicated
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.