



# Referral Form

PLEASE FAX COMPLETED REFERRAL TO RESET

@ 403-205-5549 or email [intake@resetcalgary.ca](mailto:intake@resetcalgary.ca)

If you have any questions, please contact Intake 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
<div>Phone:</div> <div>Email:</div> <div>Alternate Contact Name:</div> <div>Alternate Contact Number:</div>	
3. Date first contacted RESET for Services:	
4. Age/DOB:	
ELIGIBILITY	Criteria Met    Y / N / ?
Eligibility Criteria <ul style="list-style-type: none"> <li>• 16 year of age or older</li> <li>• Female or persons identifying as transgendered and those undergoing gender reassignment procedures would also be considered</li> <li>• Being sexually exploited or at risk of sexual exploitation</li> <li>• Self-Referral</li> <li>• Desire for recovery, healing from exploitation and willingness to participate in the RESET program</li> </ul>	
5. Do you meet all the above criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Our mandate is to support <b>women</b> who have been sex trafficked or sexually exploited. Which category best describes your experience?  <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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7. Do you have any court dates? Y / N

If yes,

☐ Family Court?

☐ Criminal Court?

Dates? \_\_\_\_\_

8. Do you have a lawyer? Y / N

If yes,

Lawyer Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Are you on probation or parole? Y / N

If yes,

Probation/Parole Officer Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### EXPLAIN PROGRAM/RULES

*RESET is a voluntary program. RESET does not accept women who are specifically mandated to attend RESET.*

#### PROGRAM

- ☐ We are an **abstinence** program (no drugs or alcohol; methadone & suboxone are ok)
- ☐ We are NOT a housing first program
- ☐ We are NOT a treatment program – we are a life skills recovery program
- ☐ Full-time programming – Mon to Fri 9:00 – 4:00
- ☐ Frontline Housing is only for clients in the program
- ☐ We are a **long-term** 12-month+ program

#### RULES

- ☐ Curfew
- ☐ Sobriety
- ☐ Dress Code

Please check that you understand all the above criteria ☐ Yes ☐ No

9. Any physical or mental health concerns that could prevent you from participating in the RESET program?

Y / N

If yes: \_\_\_\_\_

Are you pregnant?

Y / N

Is there anything else you would like to share with us?

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10. Why do you think this program would be suitable for you? If you are a 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, and 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 before 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 who will be in your care while in the program?

☐ None   ☐ Pregnant   ☐ 1 or more (Please note the 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 RESET Intake Use Only
Date referral received: Anticipated Date of Entry: Date anticipated date of entry was 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.