|  |  |
| --- | --- |
| **Recovery Acres Supportive Housing - Application Form 2022** | |
| I am applying for Robson House (men’s house ) | I am applying for Althea House (women’s house ): |

|  |  |  |
| --- | --- | --- |
| 6417-112 Ave NW, Edmonton AB, T5W 0N9 | **Fax: (587)-523-5863** | |
| Phone: (780) 760-6744 | Email:beth@recoveryacres.ca | |
| Notes (for internal Use only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Interview booked:\_\_\_\_\_\_\_\_\_  Interviewed by: \_\_\_\_\_\_\_  Accepted / other |
|  |  | |

Please fill in and return the following form ***THEN PHONE TO SET UP INTERVIEW***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth (D.M.Y.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been clean and sober from all substances? \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been a Recovery Acres client in any of their programs? Y\_\_\_ N\_\_\_ if yes when? \_\_\_\_\_

Current Age: \_\_\_\_\_\_\_\_ Current Marital Status: \_\_\_\_\_\_\_\_ Education (Highest level): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (most recent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info: Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current City of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_ OR homeless

AB Health Care Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AB Works/BFE/AISH file#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are NOT currently on Social Assistance, how will you pay your rent? E.I.\_\_\_ Get on assistance \_\_\_ Work\_\_\_ Other\_\_\_\_\_\_\_ REFERRED BY: SELF \_\_\_\_\_\_\_ OR NAME OF AGENCY (with contact info):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**CONTACT PERSON IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDICTION HISTORY:**

***\*WE REQUIRE A MINIMUM OF 90 DAYS SOBRIETY FOR OUR PROGRAM. \****

**Drug(s) of choice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any substances used (past and present) for ***NON MEDICAL*** reasons:

Please check all substances you have used even in the past.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Recreational Use Heavy Use Daily Use** | | | | **Date of last use:** |
| Alcohol |  |  |  | |  |
| Meth |  |  |  | |  |
| Amphetamine |  |  |  | |  |
| Cocaine |  |  |  | |  |
| Crack |  |  |  | |  |
| Heroin/Opiates |  |  |  | |  |
| Fentanyl |  |  |  | |  |
| Oxycodone |  |  |  | |  |
| Prescription Abuse |  |  |  | |  |
| Inhalants/Solvents |  |  |  | |  |
| Marijuana/hashish |  |  |  | |  |
| Tobacco |  |  |  | |  |
| Do you have a problem with gambling? Yes Maybe No  Do you have a problem with food or eating? Yes Maybe No  Do you have a problem with sex? Yes Maybe No  Do you have a problem with relationships? Yes Maybe No | | | | List any other addictions or issues you would like to deal with: | |

**HISTORY OF ADDICTION TREATMENT:**

**\*We require treatment to be completed within the last year. \***

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Dates(approx.)** | **Completion** | **Sober Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What was working for you at that time of your sobriety? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you see as being potential barriers to being in supportive housing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the main reason for wanting to live in supportive housing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you see yourself in 6 months?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you see yourself in 2 years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you had any involvement with A.A.\_\_ C.A.\_\_ N.A.\_\_\_\_ G.A.\_\_\_\_\_ and/or other 12 step groups \_\_\_\_\_, if so, which one(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**MEDICAL HISTORY:**

List any medical challenges or major allergies? (Injuries, pain, history of seizures; do you need an epipen?): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you had any Mental Health issues? (Depression, anxiety, phobias, anger/rage, suicidal thoughts or attempts, etc.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you regularly take any prescribed medications for ongoing medical or psychological conditions? If yes, list the type and amount please.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you on Suboxone or Methadone Y / N. If yes, for how long and what is the dose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take over-the-counter medication (Gravol, Tylenol, NyQuil, Neo-Citron, Herbal Remedies, Vitamins, etc.) or use any fitness supplements or workout enhancement products? If yes, please record below.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What would your daily routine look like if you were in supportive housing?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Write down some additional things that you would like support with while you are in supportive housing:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEGAL HISTORY:**

Have you ever been incarcerated? Yes \_\_\_ No \_\_\_ Longest time incarcerated? \_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently incarcerated? Yes \_\_\_ No\_\_\_ Do you have outstanding charges? Yes\_\_\_ No\_\_\_

Do you have upcoming court dates? If yes, when?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you on probation? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ How long is order? \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of probation officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note that our supportive housing facilities are tobacco and pet free buildings. Tobacco use by clients in the house would result in an immediate discharge. We do have a tobacco cessation program at Recovery Acres for clients wishing to quit as well as nicotine replacement therapy and support for all clients.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Recovery Acres Society permission to discuss with other agencies information about me to determine my suitability for the Supportive Housing Program I am applying for.

***\*\*\*Do not forget to call us after you return this completed application to set up an interview.\*\*\****

**Applicant’s signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counsellor’s comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supportive Housing Rules – 2022**

* All residents must be alcohol and drug free and provide a clean urine screen upon intake and randomly throughout the program
* All residents must help out around the house with communal chores and general upkeep of the house and property. This includes:
  + - Maintaining a clean, hygienic and tidy bedroom
    - Cleaning up after yourself in communal areas
    - Shoveling snow/ mowing grass etc.
    - Doing shared chores as determined by all house mates at weekly house meetings
* All residents must pay their rent of $500 by the first day of each month plus contribute $50 to a monthly house fund
* All residents must attend **mandatory weekly house meetings** if not working or going to school. If working or going to school, you are still required to touch base with Beth by text or e-mail to talk about how things are going and what the plans are for the week
* House funds are to be used to buy communal supplies like toilet paper, dish soap etc. and to pay for t.v./internet services, all receipts must be kept for staff to pick up
* There is absolutely no smoking, no vaping, no pets or gambling in the houses and smudging is only allowed outside or you will be **immediately discharged**
* All new residents are not allowed overnight passes for the first 14 days
* Visitors and house guests must be approved by staff, residents are to be home and guests need to be off the property by 11:00 p.m. Sunday - Thursday and by midnight Friday and Saturday
* **NO OVER NIGHT GUESTS** or you will be immediately discharged. If you have a vehicle, you can't park it in the garage ever!
* All residents must have a full schedule of meaningful daily activity. This means that each resident is:
  + Working fulltime
  + Going to school fulltime
  + Undergoing job retraining in a program
  + Volunteering or doing community service for 25 + hours a week
* All residents must have an active relapse prevention and recovery plan. This means that each resident is doing some (or all) of the following:
* Meeting/ communicating with Beth on a regular basis, booking one on ones and sending weekly planners
* Attending 12 step meetings regularly and doing service work in their fellowship
* Attending regular support group meetings (men's support groups, trauma support groups, etc.)
* Attending church and doing service work in the community
* Seeing a counsellor or psychologist on a regular basis
* Maintaining a fitness routine through regular scheduled activities and/or sports.
* Volunteering or doing community service work

If a resident does not comply with the above relapse prevention and recovery responsibilities, they will be required to sit down with Robson House staff to discuss a housing option more suitable to where the client is at.

**\*Note that COVID policies and procedures are in place and are subject to change until further notice\***

**Supportive Housing Program - Recovery Acres - 2022**

Our programs are based on a peer support model within the houses, 24/7 access to professional support through our main facility and dedicated support from a Community Transition Worker. Resident supports are trained in addiction counselling and accessing community resources; residents also receive support from a House Manager who cares for the resident’s needs afterhours and manages and maintains the properties.

This supportive housing model is designed to help graduates of residential addiction treatment programs transition safely from treatment into the community. Residents can stay in these houses anywhere from 6 months to two years, working on their aftercare plans in a safe, sober and supported environment.

Recovery Acres will help residents with things like job training, education, finding steady employment, securing appropriate ongoing mental health support as needed and eventually help the resident’s transition into permanent living situations according to their needs.

Residents have weekly house meetings to discuss any issues and check in with each other. There are shared chores and responsibilities within the house and each resident is responsible for maintaining their own aftercare plan.

**Costs:**

**Rent =** $500 per month includes all utilities

**Additional cost =** $50 contribution per month for a communal house fund (see details below)

**\*NOTE -** There is **a $350 security deposit** required.

**What is provided by Recovery Acres:**

* The houses are fully furnished (Beds, tables and chairs, major appliances, cookware, kitchen utensils, lawn and garden maintenance equipment etc.)
* All utilities and all house and property maintenance are covered by Recovery Acres.
* Access to a dedicated Community Transition worker trained in addiction counselling and well versed in community resources to help with ongoing needs and projects (e.g. job training, accessing professional supports, finding permanent housing etc.)
* 24/7 access to support through the Recovery Acres main facility for immediate needs (e.g. emergency at the residence after hours, personal crisis and needing support after hours etc.)
* Bedding (Provided but please note that if the bedding is not left with the room, it will come out of damage deposit.)

**What the communal house fund is for:**

* The monthly house funs pays for resident’s internet, cable, laundry soap, cleaning products and any other supplies used communally by house residents.

**What the residents provide for themselves:**

* Residents provide their own food, toiletries and personal house furnishings (e.g. Towels, desk lamps, fans etc.)

If you have any questions or would like to submit an application, please contact:

**Beth Graham**:

* PH – 780-760-6744
* Cell – 587-589-6872
* FAX – 587-523-5863
* beth@recoveryacres.ca