



# Association Advocating for Women and Community

Incorporation Number S-32261

## Olive's Branch Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Name of person referring: \_\_\_\_\_

### INTRODUCTORY

1. What do you know about Olive's Branch? Do you know someone at our facility?

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2. What are your reasons for applying for Olive's Branch?

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3. How do you believe that participating in Olive's Branch will help you? Also are you willing to meet on a regular basis with Olive's Branch staff in regards to your sobriety?

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4. Are there caseworkers, counselors, mental health staff, etc. involved in your care? If so, please list all individuals/teams. Are you on Ministry Assistance?

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5. What is your source of income?

<input type="checkbox"/> Ministry Assistance	<input type="checkbox"/> PWD	<input type="checkbox"/> Employment	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> CPP Pension	<input type="checkbox"/> None	

If other, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you currently or have you ever had any criminal charges and/or convictions for:

Arson  Sex Offense  Felony Drug Conviction  and/or Violent Crimes

\* Failure to disclose all charges and or convictions will result in immediate discharge from the program\*

If Yes to any of the above, please provide more detail on the charge(s) and or conviction(s).

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

**SOBRIETY HISTORY**

**1. Are you currently struggling with an addiction? If so, what is your substance of compulsion? How long have you been abstinent?**

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**2. What situations cause you to use? What would help to prevent a relapse?**

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**3. Have you ever had a period of sobriety? What was your longest length of sobriety? When?**

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**4. Have you ever attended a treatment facility or participated in a sober living program before? If so, which one and could you please describe what did and did not work for you?**

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**5. At this point and time how would you describe your perfect recovery model?**

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**6. What efforts are you willing to take in order to accomplish your goals?**

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**7. What are you willing to change or give up for your sobriety?**

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**PROGRAMMING**

**1. Participating in programming is mandatory, how comfortable are you in group settings as well as one on one settings?**

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**2. Do you have any questions regarding the mandated programming?**

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**3. Guests are permitted during designated times and must provide a piece of identification upon signing in. Do you have any concerns regarding the guest policy?**

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**4. Are you currently employed or participating in an educational program? If yes, is it full-time? Part-time? How long have you been participating in it?**

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**CONSENT TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION  
PRINCE GEORGE HOMELESSNESS INTERVENTION PROJECT (HIP)  
INTEGRATED CARE MANAGEMENT**

HIP's goal is to assist chronically homeless individuals to access needed services using a team approach. To support you most effectively, HIP is seeking your consent to obtain, use and disclose your personal information.

I, \_\_\_\_\_  
(first name) (initial) (last name)

Date of Birth: \_\_\_\_\_  
(year) (month) (day)

**Hereby authorize:**

- Ministry of Social Development and Poverty Reduction
- Ministry of Public Safety and Solicitor General
- BC Housing
- Northern Health Authority-Mental Health and Addictions
- RCMP- Prince George
- AWAC – An Association Advocating for Women and Community
- Canadian Mental Health Association
- Carrier Sekani Family Services
- Central Interior Native Health Society
- Elizabeth Fry Society
- Prince George Native Friendship Society
- Prince George Nechako Aboriginal Employment & Training Association
- BC New Hope Recovery Society (Baldy Hughes)
- Forensic Psychiatric Services Commission
- Prince George Urban Aboriginal Justice Society
- Aboriginal Housing Society of Prince George
- Northern John Howard Society
- Phoenix Transition House Society
- Native Court Workers and Counselling Association of BC
- Ministry of Children and Family Development
- Community Living British Columbia
- Prince George Activator Society
- Correctional Services of Canada
- Hadih House, Carney Hill Neighbourhood Society
- Blue Pine Primary Health Care Clinic
- City of Prince George
- Family Physician (name) \_\_\_\_\_
- Other Agency(name) \_\_\_\_\_
- Individual(name) \_\_\_\_\_

The above-named agencies to collect, use and share specific and limited need-to-know personal information about me (including my photograph, social services, health, corrections and law enforcement agency's information) that will be used to assist me to secure housing and to provide coordinated HIP services to me.

While I am a participant in the HIP Program my consent will expire no later than one year after signing. I can also withdraw my consent at any time by contacting my HIP Case Manager.

\_\_\_\_\_  
(Client's signature or person authorized to sign for client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness) print name and sign

\_\_\_\_\_  
Agency

The personal information in this form is collected by HIP under s. 26 (c) of the *Freedom of Information and Protection of Privacy Act* and section 6 (2) of the *Personal Information Protection Act*. The personal information will be used to confirm your consent given above. Should you have any questions about the collection of this personal information please contact: HIP Integrated Care Coordinator at 250 562-6262