



CRITERIA FOR ENTRY AND REFERRAL FORM

DATE OF REFERRAL	AGENCY NAME
AGENCY CONTACT PERSON:	AGENCY TELEPHONE#

We seek to provide long-term recovery programs designed to guide sexually exploited or trafficked women and their children, or those at identifiable risk of becoming sexually exploited/trafficked, into full rehabilitation and re-integration into society. SafeHope Home is an abstinence based Program for woman aged 16-29.

As part of the recovery program, the ASK Learning Centre is the daytime program provided to participants. All participants are required to regularly attend the ASK Learning Centre. The objectives of the program are that participants will be equipped to:

- Deal with their past issues of abuse
- Deal with any current addiction issues
- Learn to engage in healthy relationships
- Learn to deal with their emotions in a healthy, functioning manner
- Improve their quality of life
- Increase their level of self-esteem
- Learn to parent in a positive manner, breaking the cycle of abuse in the lives of their children or future children
- Increase their level of education
- Learn employability skills to move forward with positive action in their lives

CRITERIA FOR ENTRY The requirements for entry into SafeHope Home are:

- Applicant must desire to leave the sex trade and begin the recovery process
- Applicant must be detoxed from Alcohol and Drugs
- Applicant must be between the age of 16-29 (exceptions will be made if applicable)
- Applicant must attend the ASK Learning Centre as part of their recovery
- Applicant must live in the Residential Home as part of their recovery

We will accept women on Methadone/Suboxone with the understanding that they will work towards abstinence as a means to recovery.

For more information or to make a referral please fill out the following fillable referral form for your client, and return to The Program Director dena@safehopehome.com.

PERSONAL INFORMATION

Full Name:

Date of Birth (dd/mm/yyyy):

Age:

Current Address:

Type of Home: Home with family
 Lives Alone
 Emergency Shelter
 With Trafficker
 Other

Current Safe Telephone Number:

Best method to contact Call Text

Type of Exploitation
Check all that apply

Gang Related
Pimp- Controlled
Escort
Exotic Dancing
Brothel
Massage
Pornography
Other

Briefly Describe Trafficking Experience: (Age entered, how long, etc.)

Does the applicant have children: YES NO

If yes what are their sexes/ages:

Does applicant have custody: YES NO

If no, who has custody of them?

Highest level of education completed :

Does applicant wish to continue education if possible? YES NO

Current source of income:

Ontario Works Support or Ontario Disability Support Worker Name and Telephone Number:

Does the applicant have past or pending criminal charges? YES NO

If yes what charges and status:

Is applicant currently on Probation/Parole?

YES

NO

If yes please explain and provide name and telephone number of Probation Officer

Medical Conditions, Please List

Does the applicant have a Mental Health diagnosis?

YES

NO

If yes, please provide diagnosis:

Outpatient treatment

Family Physician:

Psychiatrist:

Therapist:

Has the applicant ever been hospitalized for emotional or behavioural reasons? YES NO

If yes, please provide the name of the hospital/s and the date/s of treatment:

Is the Applicant currently receiving Trauma Therapy?

YES

NO

If yes, Therapist Name and Telephone number

Drug Allergies

YES

NO

If yes, please list:

Current medications including non-prescription (strength and number of pills per day)

DRUG CATEGORY	When did you last use this?	Do you currently use this?
ALCOHOL		Yes <input type="checkbox"/> No <input type="checkbox"/>
CANNABIS:		Yes <input type="checkbox"/> No <input type="checkbox"/>
STIMULANTS: Cocaine, crack		Yes <input type="checkbox"/> No <input type="checkbox"/>
STIMULANTS: Methamphetamine—speed, ice, crank		Yes <input type="checkbox"/> No <input type="checkbox"/>
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Bensedrine, Dexedrine		Yes <input type="checkbox"/> No <input type="checkbox"/>
BENZODIAZEPINES/TRANQUILIZERS Valium, Librium, Halcion, Xanax, Diazepam, “Roofies”		Yes <input type="checkbox"/> No <input type="checkbox"/>
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Dalmane, Quaalude, Phenobarbital		Yes <input type="checkbox"/> No <input type="checkbox"/>
HEROIN		Yes <input type="checkbox"/> No <input type="checkbox"/>
STREET OR ILLICIT METHADONE		Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER OPIOIDS: Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid, Fentanyl,		Yes <input type="checkbox"/> No <input type="checkbox"/>
HALLUCINOGENS: LSD, PCP, STP, MDA, DAT, mescaline, peyote, mushrooms, ecstasy (MDMA), nitrous oxide		Yes <input type="checkbox"/> No <input type="checkbox"/>
INHALANTS: Glue, gasoline, aerosols,		Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER: (specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>

Has applicant attended any Addiction Treatment Programmes?

YES

NO

If yes, where and when?

Why does the applicant wish to enter SafeHope Home?

FOR OFFICE USE ONLY

Date received:

Date of Applicant Screening:

Applicant Accepted Into Program: YES NO

Reason if not accepted:

Signature:

Date: