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APPLICATION FORM

Steps to take:

1. Read the information package.
2. Fill out all fields in order for your referral to be processed.
3. You will be contacted by Intake Staff within one week. Please ensure your contact information is accurate.

Admission Criteria

- Willing to live in a community setting in a semi-structured recovery-centered residential program.
- Stability for residence in a non-medical setting.
- Expected to provide a substance-free urine screen upon arriving at Karis and before admission. Applicants that require medical withdrawal will be required to do so before entry.
- Active participation is an essential requirement of programming.

If applying for the Parenting Program

- The Program can facilitate children up to the age of two-and-a-half years old.

What program are you applying for? Non-Parenting at Karis Program
 Parenting at Karis Program

Participant Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Preferred Pronoun: _____ Marital Status: _____

Is the applicant experiencing homelessness? Yes No

If No, then please provide:

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Care Card # _____ DOB: _____

Referral Information

Date: _____ Referring Agent: _____

Agency Name: _____

Email: _____

Address: _____

Agency Phone: _____ Agency Fax: _____

Income Source

- INCOME ASSISTANCE _____
- PERSONS WITH DISABILITIES (PWD) _____
- PERSON OF MULTIPLE BARRIERS _____
- CHILD TAX CREDIT _____
- OTHER _____

Current Treatment (If Relevant)

Name of center: _____

Address of center: _____

Phone number: _____

Client start date and discharge date: _____

Support person (if applicable): _____

Support person contact: _____

History of Substance Misuse Concerns

TYPE	AGE OF FIRST USE	HOW OFTEN USED (Daily / weekly / monthly)	AMOUNT / QUANTITY	DATE LAST USED (Month / day / year)
ALCOHOL BEER / WINE / HARD LIQUOR				
CANNABIS POT / HASH				
COCAINE COKE				
CRACK COCAINE				
HALLUCINOGEN ACID / MUSHROOMS / PCP / KETAMINE				
BARBITURATE PHENNIES / YELLOW JACKETS				
AMPHETAMINE CRYSTAL METH / ECSTASY /				

SPEED				
HEROIN CHINA WHITE / CRANK				
OPIATE MORPHINE / CODEINE / OPIUM				
INHALANT GLUE / HAIRSPRAY				
ILLICIT METHADOSE				
BENZODIAZEPINE SLEEPING PILLS / TRANQUILIZERS				
OVER THE COUNTER DRUGS COUGH SYRUP				
OTHER PRESCRIPTION DRUGS T3s / VALIUM				
TOBACCO				
FENTANYL				
OTHER				

Dependent Information

Is the applicant currently pregnant? YES NO

If yes, when is the due date? _____

Does the applicant have MCFD involvement? YES NO

If yes, name of social worker? _____ Phone number: _____

In what city does this applicant have an open ministry file? _____

Children's Information:

Please list all children in and out of your care.

CHILDS NAME	DATE OF BIRTH	IN APPLICANTS CARE. YES OR NO.

Medical History

Allergies to Medication: _____

Does the applicant have a BC medical/service card number? YES NO

Family Physician: _____ Telephone: _____

Any current health concerns (e.g. Diabetes, High cholesterol):

Does the applicant have any dietary restrictions (e.g. lactose intolerant, celiac)? YES NO

If Y, please explain: _____

In order for Karis to provide special dietary requirements, a doctor's note must be supplied.

Has Applicant been hospitalized in the last 30 days: YES NO

Reason:

MEDICATION	DOSAGE	REASON PRESCRIBED

Is the applicant on current harm reduction therapy? YES NO

Type _____

Who is the applicant's prescribing doctor? _____

Start date: _____ Dosage: _____

Has the applicant had a diagnosis of any of the following?

ADHD

FASD

- Borderline Personality Disorder (BPD)
- Autism Spectrum
- Schizophrenia
- Bipolar Disorder
- Eating Disorder
- Seizures
- Head Injuries
- Other _____

What are the impacts on daily life? Please explain: _____

Has the applicant been hospitalized for mental health concerns in the past 6 months?

- YES NO

Dates: _____

Reasons: _____

Does the applicant experience any limits to mobility? YES NO

If yes, are they in need of additional supports/accommodations? _____

Last TB test? _____

History of Communicable Diseases?

- HIV
- HEP C, B, or A
- STD
- MRSA

For checked boxes, please explain current treatment: _____

Legal History

Has the applicant been previously incarcerated? YES NO

If yes, what were the charges? _____

Does the applicant have a pending criminal charge? YES NO

If the applicant is currently incarcerated, where: _____

When is the expected release date? _____

Charge description: _____

Probation requirements:

Name of probation officer: _____

Phone number: _____

Has the applicant experienced Intimate Partner Violence? YES NO

Is the applicant currently in danger? YES NO

Is there a no-contact order in place? YES NO

Community Supports

Family Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Pediatrician: _____ Telephone: _____

Alcohol & Drug Counsellor: _____ Telephone: _____

Mental Health Worker: _____ Telephone: _____

Life Skills Worker: _____ Telephone: _____

Other Professional Community Supports: _____

Is the applicant currently in a relationship? YES NO

Are they safe? YES NO

Are they sober? YES NO

How will that affect the applicant's participation in the program?

Cultural Information

How can Karis support the applicant in any cultural, spiritual, or religious practices or ceremonies while at Karis?

Ethnicity: _____

Indigenous Ancestry? YES NO

Does the applicant currently have status? YES NO

Band: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Address: _____

Substance Misuse History of Treatment

EXPERIENCE WITH	NAME OF AGENCY	DATES	COMPLETE / INCOMPLETE
RESIDENTIAL TREATMENT			
SUPPORTIVE RECOVERY			
DETOX			

If incomplete, please explain: _____

History of Other Misuse

TYPE	DATE LAST ACTIVE	AGE AT FIRST EXPERIENCE
PORNOGRAPHY		
SHOPPING		
SEXUAL		
GAMBLING		
OTHER (e.g. hoarding, shoplifting)		
DISORDERED EATING <input type="checkbox"/> Binging <input type="checkbox"/> Overeating <input type="checkbox"/> Restricting		

Self-Assessment (strengths, needs, abilities, preferences)

Why is supported recovery the best fit for you? _____

In your own words, what are your current challenges to maintaining a sustainable lifestyle?

Why have you chosen Karis? _____

Are you willing to go into treatment prior to coming into Karis? YES NO

What are your expectations for Karis Support Society? _____

How long do you expect to be at Karis? _____

Are you willing to adhere to the Karis structure while in the program? YES NO

What is/are your motivation(s) for maintaining a recovery-based lifestyle?

SUBMIT

Please send all completed applications
via email to: applications@karis-society.org
or fax to: 250.860.9517