



60 James Street, Suite 401
St. Catharines, Ontario L2R 7E7
905-684-1183
Fax 905-684-1551

Addictions Supportive Housing Program (ASH)

Six Intensive Addiction Case Managers will facilitate placement in independent living situations and provide support to individuals who meet the following admission criteria:

- Applicant's primary concern is problematic substance use.
- Applicant has experienced a history of multiple entries into treatment.
- Applicant is currently homeless, inadequately or precariously housed.
- Applicant has been unable to obtain or maintain housing without support. Must be capable of living independently with support.
- Applicant has a clear commitment to a goal of abstinence.
- Applicant possesses the capability and willingness to constructively participate in the ASH program, and values the use of peer support through communal or clustered living.
- Applicant agrees to complete a comprehensive assessment process (may involve 3 or more meetings).
- Following the comprehensive assessment process, the applicant must agree to all the terms of the ASH Service Agreement and the ASH Rent Supplement Agreement.
- Applicant agrees to follow through on any recommendations made as a result of the assessment process in order to stabilize their early recovery.

There are two main components to the ASH Program:

- 1) **Intensive Case Management:** This is the main focus of the program. Case Management assists clients to acquire skills in daily living, developing coping strategies and new healthier behaviors. Identifying client's substance use goals and treatment goals are part of a comprehensive treatment planning process. Ongoing screening, assessment, monitoring, referral, advocacy, counselling, education and life skills training are all part of this program.
- 2) **Housing:** The clients will live independently in the Niagara Region with peer support and regular visits by the Case Manager. The housing will consist of both individual and communal living environments, with the focus being on peer support. Safe stable housing is an essential part of this treatment program. To

assist with this, a rental supplement will be provided. This is **transitional** housing in a home environment for up to one year in duration. Pets are not allowed in the housing program.

Self-Referrals are accepted.

Client complete the **ASH Intake Form**, and send it to the Director of Intensive Programs (fax, email, mail or deliver to office). Their referral will be screened; if the client appears to meet the ASH Admission Criteria, an ASH Case Manager will contact the client directly to begin the assessment process in order to determine program eligibility.

All applicants are encouraged to consent to the release of information pertaining to their “circle of care”.

Director of Intensive Programs:

Sheila Connolly (905) 684-1183 ext. 230 { [HYPERLINK "mailto:sconnolly@cason.ca"](mailto:sconnolly@cason.ca) }

Intensive Addiction Case Managers:

Ryan Wills	{ HYPERLINK "mailto:rwills@cason.ca" }
Paul Morrison	{ HYPERLINK "mailto:pmorrison@cason.ca" }
Stacey Stemplowski	{ HYPERLINK "mailto:stemplowski@cason.ca" }
Tylor Friesen	{ HYPERLINK "mailto:tfriesen@cason.ca" }
Julie Evans	{ HYPERLINK "mailto:jevans@cason.ca" }
Cathy DeLuca	{ HYPERLINK "mailto:cdeluca@cason.ca" }



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Intake Form ASH Program

Name: _____

Current Address: _____

Date of Birth (day/month/year): ____/____/____

Identified Gender: _____

Telephone: _____ Cell: _____

Alternate Phone: _____

Emergency Contact (Name): _____ Phone: _____

Can we call you and identify ourselves and our agency? Yes _____ No _____

Any other instructions for leaving a message:

Date of last use of alcohol/drugs: _____

Longest period of abstinence: _____

Addiction Treatment History:

<u>Where</u>	<u>When (approx.)</u>
Withdrawal Management	
Self-Help (AA, NA, peer support)	
Outpatient/Day Treatment	
Residential Treatment	
Recovery Home	
Other	

What are you currently doing to improve /maintain your recovery?

Substance(s) of Primary Concern:

Do you have a family doctor? _____

Physical health condition or concerns? _____

Mental Health condition or concerns? _____

Please list current medications:

In the last 12 months have you been to Emergency Department and/or Hospitalized?

Describe your current living situation:

Are you willing to live with others in recovery?

Are you willing to work a minimum 3 hours weekly with your intensive case manager (individual sessions, and house meetings)? _____

Income Source:

- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> OW | <input type="checkbox"/> Employment Insurance | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> ODSP | <input type="checkbox"/> Employment | |

Are you currently involved with any other services?

- | | |
|--|---|
| <input type="checkbox"/> Probation/ Parole | <input type="checkbox"/> Family and Children's Services |
| <input type="checkbox"/> Mental Health Services (Explain): | |

Addiction Services (Explain):

What are your goals for being in the ASH Program?

Thank you!