



ASH Intake Form for Niagara Region

**Name/
address**

Date:

Referral Source/CASON worker:

Date of Birth (day/month/year):

Identified Gender:

Telephone/cell:

Alternative Contact number:

Email:

Can we identify ourselves and the agency? Yes or No

Connection to Niagara Region:

Date of last alcohol/drug use:

Substance(s) of primary concern:

Longest period of abstinence:

Do you have any other current addiction issues such as gambling or sex?

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

What have you done in the past for treatment?

Physical Health conditions or concerns?

Allergies:

Mental Health conditions or concerns?

List of current medications:

Describe your current living situation:

Are you willing to live with others in recovery?

What CASON programs are you currently involved in?

Income Source:

Ontario Works Ontario Disability Support Employment
Employment Insurance Family Support

Are you currently involved with any other services including?

Probation/Parole Family and Children Services (FACS)

Mental Health Services:

Other Addiction Services:

What is your primary reason for applying to the ASH program?

Please: Fax to (905)684-1551 or Drop-off at 60 James St. St. Catharines